CMP
Business Media

Chemist&Druggist
The Newsweekly for Pharmacy

C&D

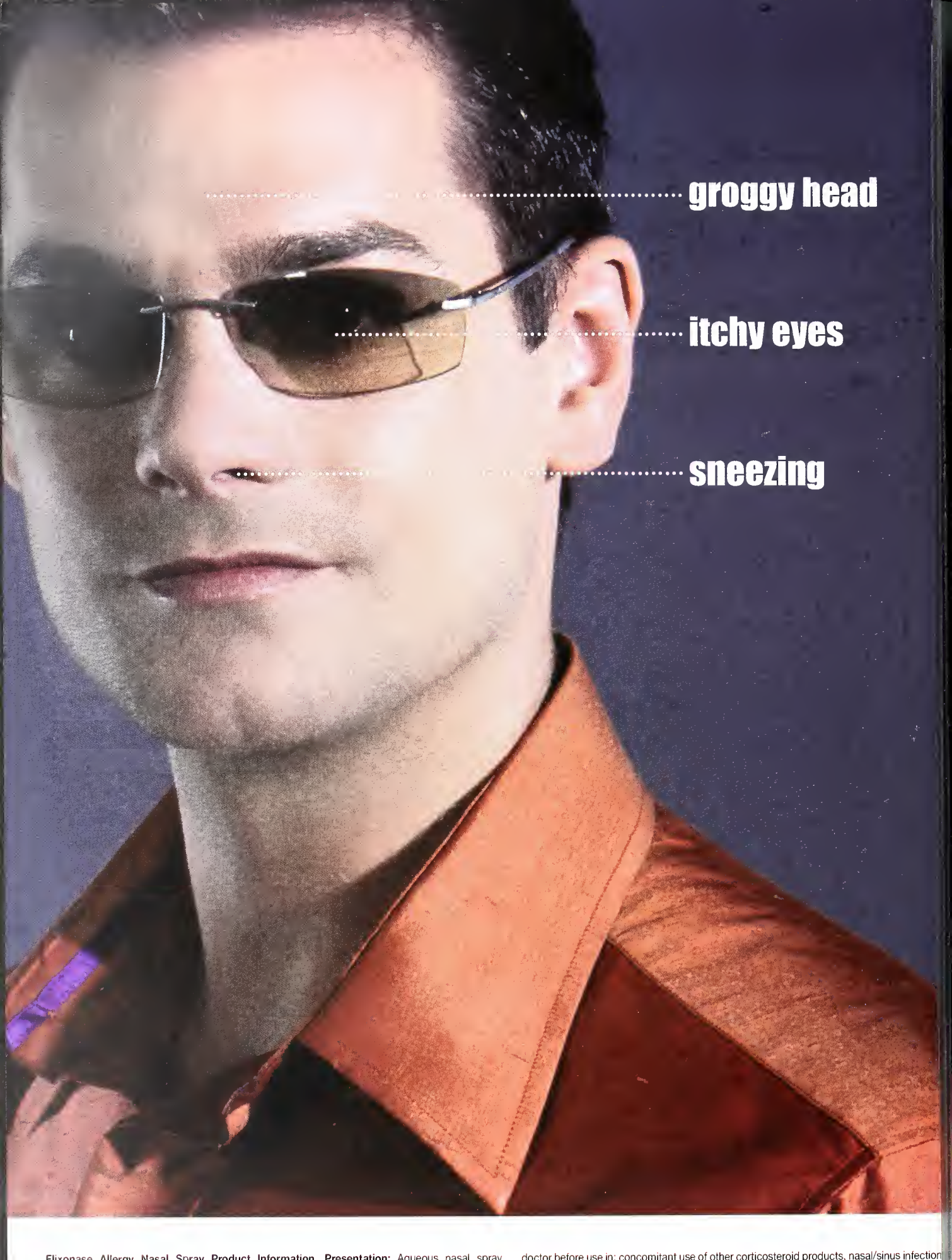
17 April 2004

MSPs propose bill to scrap script tax

Nucare profits rocket 250pc

Costcutter and Numark plan co-locations

Scaling the heights with Avicenna



Flixonase Allergy Nasal Spray Product Information. Presentation: Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. *Adults and the healthy elderly:* Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. *Children under 18 years:* Not to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not to be used for more than 3 months continuously without consulting a doctor. Consult a doctor before use in: concomitant use of other corticosteroid products, nasal/sinus infection nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recomm doses. Significant interactions between fluticasone propionate and potent inhibitors cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritona occur. This may result in increased systemic exposure to fluticasone propionate. **Side** Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and ep Hypersensitivity reactions including skin rash and oedema of the face or tongue. anaphylaxis/anaphylactic reactions and bronchospasm. Extremely rarely nasal ulceration an septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do

Allergy Answers

Flixonase®, for the man who has everything

You won't find a more complete answer to airborne allergy than Flixonase Allergy Nasal Spray. Unlike antihistamines, it treats all three major chemical pathways: histamine, leukotrienes and prostaglandins.[1-3] That's why it can relieve both early and late phase symptoms, from itchy eyes to groggy heads.[4-12]

Recommend Flixonase Allergy, the most effective once a day airborne allergy treatment.[4-10,12]

fluticasone

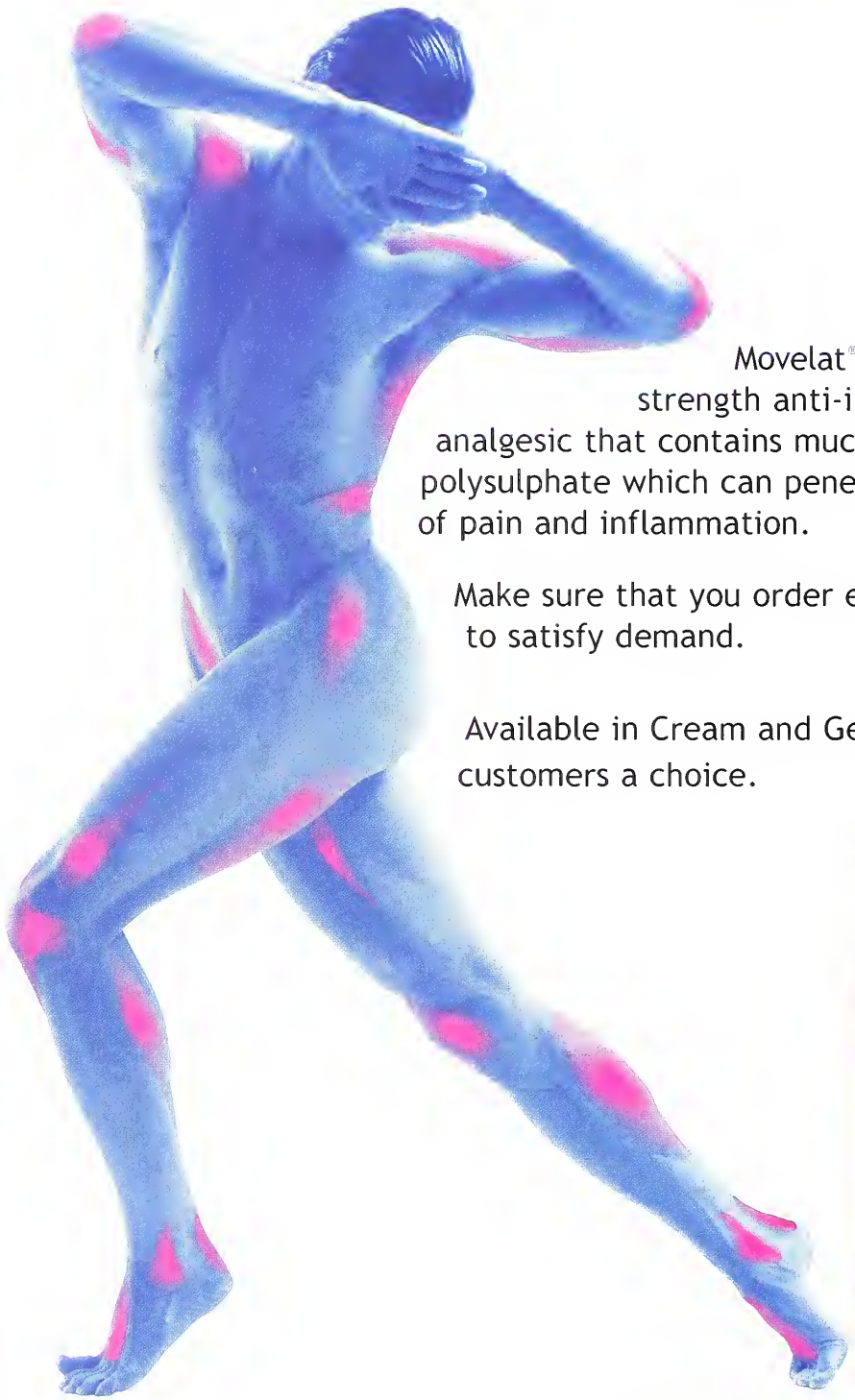
So much more than an antihistamine

ept with medical advice. **Legal category:** P. **Product licence number:** PL 10949/0360. **duct licence holder:** Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. Further rmation available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer lthcare, Brentford, Middlesex, TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.79. e of preparation: December 2002. **Flixonase** is a registered trade mark of the GlaxoSmithKline up of companies.

erences: 1. Howarth PH. Allergy 2000; **62**: 6-11. **2.** Rak S *et al.* Clin Exp Allergy 1994; **24**: 930-. **3.** LaForce C. J Allergy Clin Immunol 1999; **103**: S388-394. **4.** Jordana G *et al.* JACI, 1996; **97**: -595. **5.** Van Bavel JH *et al.* Ann Allergy Asthma Immunol 1997; **78**: 128. **6.** Gehanno P, Desfougeres J-L. Allergy, 1997: **52**. 445-450. **7.** Ratner PH *et al.* J Fam Pract 1998; **47**. 118-125. **8.** Stricker WE *et al.* Ann Allergy Asthma Immunol 1998; **80**: 115. **9.** Kaszuba SM. Arch Intern Med 2001. **161**: 2581-2587. **10.** GlaxoSmithKline Data on file, FNM30033. **11.** GlaxoSmithKline Data on file, FNM40184 & 0185. **12.** Vervloet D *et al.* Clin Drug Invest 1997; **13**(6): 291-298.

gsk GlaxoSmithKline Consumer Healthcare

Pain relief at your finger tips



Movelat® Relief is a prescription strength anti-inflammatory and analgesic that contains mucopolysaccharide polysulphate which can penetrate to the point of pain and inflammation.

Make sure that you order enough Movelat® Relief to satisfy demand.

Available in Cream and Gel, to give your customers a choice.

mucopolysaccharide polysulphate, salicylic acid

Movelat Relief Gel/Cream. ABBREVIATED PRODUCT INFORMATION. **Presentation:** Movelat, Relief Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w a salicylic acid Ph. Eur 2.0% w/w in a white cream base. Movelat, Relief Gel contains the same active constituents in a colourless gel base. **Indications:** Movelat, Relief is mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of muscular pain and stiffness, sprains and strains, and pain due rheumatic and non-serious arthritic conditions. **Dosage:** Adults, the elderly and children over 12 years: Movelat, Relief Cream: Two to six inches (5-15 cm) to be massage into the affected area up to four times a day. Movelat, Relief Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times a day. **Contra-indication** Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used large areas of skin, broken or sensitive skin or on mucous membranes. Not to be used in patients with a known sensitivity to any active or inactive component of th formulation. **Pregnancy and lactation:** Not to be used during the first trimester or during late pregnancy. **Special warnings and precautions:** For external use only. The stated dose should not be exceeded. If the condition persists or worsens, consult a doctor. **Side Effects:** Allergic skin reactions may occur in individuals sensitive to salicylates. **Market Authorisation Holder:** Sankyo Pharma UK Limited, Repton Place, Amersham, Bucks. HP7 9LP. **Market Authorisation Numbers:** PL 8265/0008 (Movelat, Cream/Relief Cream), PL 8265/0009 (Movelat, Gel/Relief Gel) **Legal category:** P. **Trade Price:** £4.11 per 80g tube, £2.59 per 40g tube. **Retail Price:** £7.20 per 80g tube, £4.53 per 40g tube. **Further information from:** Medical Information, Sankyo Pharma UK Limited, Repton Place, Amersham, Bucks. HP7 9LP. **Date of preparation, API:** September 1997. **Date of revision, API:** February 2003. **Date of preparation,** February 2004.

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CMP

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Socialist MSPs have proposed a Bill to abolish all NHS prescription charges, arguing there is an "arbitrary and contradictory logic" behind the current system

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Nucare has reported a 250 per cent increase in operating profits to £1.5 million, thanks partly to its wholesaling division. Managing director Mahesh Shah (left) said Nucare will seek a stock market listing by 2007

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A professor of medicine has raised concerns over the ability of pharmacists to supply simvastatin over the counter. Prof Paul Durrington claimed pharmacists are currently inadequately trained to assess CHD risk

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SCOTLAND

Bill to abolish script charges

by Adrienne de Mont
ademont@cmpinformation.com

Scottish MPs have proposed a Bill to abolish all NHS prescription charges.

Abolishing charges would make the system fairer and end the "arbitrary and contradictory logic" behind the exemption criteria, Socialist MSP Colin Fox argued. The £46.3 million lost revenue would be offset by savings from a drop in hospital admissions resulting from patients failing to take medicines they can't afford.

Another potential source of income might be the estimated £100m of fraud carried out by NHS professionals in Scotland each year. Money is also lost through alleged price fixing by drug companies, the MSP claimed.

The proposal is supported by independent, Green MSPs, and Scottish Socialists.

They have issued a consultation paper saying abolition would end an unfair system that granted exemption to all sufferers of certain conditions while charging others with equally or more serious chronic conditions.

Charges raised only a small proportion of the £819m NHS Scotland prescription drugs bill in 2002-2003, as 91 per cent of prescriptions are exempt.

The paper outlines some of the anomalies in the current system and describes how people try to make medicines last longer, select certain items or delay having prescriptions dispensed because of the cost.

The consultation seeks views on how abolishing charges would affect the NHS, where the lost revenue might come from, reasons for retaining charges, fairer alternatives to charges and personal experiences such as an illness worsening because of inability to afford medicines.

It asks: "Are there any other changes you would like to see in the current system of prescription dispensing?"

Responses should be sent to Bill Scott, Room 2.5, Scottish Parliament HQ, George IV Bridge, Edinburgh EH99 1SP or to *bill.scott@scottish.parliament.uk* by June 30.

Scottish pharmacists have set up a working group to evaluate the impact of abolishing script charges, which may look first at rectifying the present anomalies (*C&D, April 3, p6*).

Wholesaling helps Nucare profits jump 250 per cent

by Gary Paragpuri
gparagpuri@cmpinformation.com

Operating profits at Nucare soared 250 per cent to £1.5 million, while turnover increased nearly 50 per cent to £40.8m for the year ending September 30, 2003.

The largest contribution came from the wholesaling division, which had a turnover of £23.5m up from £13.7m. This was helped by the acquisition of a parallel importing company, PI Medica, in July 2003. Nucare's retail and marketing arms delivered £9.5m and £7.9m respectively, up from £5.7m and £7.8m, the company said following its AGM last week.

Nucare now has 1,100 members, 70 branded stores and a 14-strong chain of Nucare pharmacies, which produced a turnover of about £16m. The company plans to increase the number of shops it owns to 50 by 2007 and 300 branded stores by 2005. In addition, Nucare will seek a stock market listing by 2007, managing director Mahesh Shah said.

Nucare [illegible] director Mahesh Shah: the company will focus on professional services in the future, such as those in the new pharmacy contract

Describing pharmacy as the future "gateway to the NHS", Mr Shah said Nucare would focus on professional services in the future, such as those in the new pharmacy contract. Nucare has also developed template bids for pharmacists to use as part of the new contract but these could not be finalised until funding details were known, Mr Shah said.

Commenting on the failed merger between Nucare and Numark, chairman Veni Harania said: "We could not agree on the valuation of the two companies, and the talks were eventually called off in November. With a merger there was likely to be considerable gain for the combined company, but we decided that it was not in [shareholders] best interests to agree to a valuation that we believed was not appropriate."

LEGAL

Expert warns on appeal proposals

The Department of Health's proposed restriction on the right of appeal against contract decisions would result in "a glut of judicial review cases", a pharmacy law expert has warned.

Disposing of the Family Health Services Appeal Authority would result in PCTs making contract decisions, despite the fact that they tend not to have the relevant knowledge or experience, said David Reissner. Abolition of the FHSAA is one of the options outlined in last year's *Proposals to reform and modernise the NHS (Pharmaceutical Services) Regulations 1992*, said Mr Reissner, a partner in law firm Charles Russell.

"The FHSAA has a good understanding of the law and, as a result, there were no judicial reviews during the year ending March 31, 2003. However, if power reverts to PCTs, the resulting wrong decisions would have to go to judicial review," Mr Reissner said.

The DoH, however, dismissed plans to abolish the current appeals system. It said it had put forward possible reforms for modernising the appeals procedure. "The Advisory Group examined these and we are considering their advice," it said.

OVER THE COUNTER

Little Purple Guide

The latest in the *Over The Counter* guides sponsored by Diomed to commonly encountered conditions is included in this week's issue of *C&D*. Diomed is the manufacturer of pharmacy brands including Ibuleve, Otex, 4Head and Bazuka. Module three talks about warts and verrucas and how to help customers recognise, diagnose and treat the symptoms associated with these complaints.

The *Little Purple Guide* also includes a competition with a choice of prizes. The closing date for the competition is May 14. More copies of the guide are available from Dendron representatives.

NCSO endorsements

The DoH and the Welsh Assembly have agreed to allow NCSO endorsements for the following item for April prescriptions: oxybutynin hydrochloride tablets 2.5mg. Scotland has also classified oxybutynin 2.5mg tablets as a shortage for April.

PSNC warning

Prescriptions for extemporaneously prepared 'specials' should not be endorsed 'zero discount' if contractors receive a discount for prompt payment, PSNC has warned.

As the later rebate can be classified as a discount, pharmacists should not endorse such prescriptions 'ZD', PSNC says. "The Counter Fraud and Security Management Service are aware of the various schemes, and are considering appropriate action, which could involve investigation of claims," PSNC added.

OTC Guide

We would like to point out that the *C&D Guide to OTC Medicines & Diagnostics (24th edition)* entry for Zirtek Allergy omitted details of the 21-tablet pack with the RRP of £8.95. The price for Zanprol should be 14 tablets at £9.49.

Lipid expert expresses doubts over OTC statin

by Asha Fowells
afowells@cmpinformation.com

A professor of medicine has raised concerns over the ability of pharmacists to supply over the counter simvastatin.

Manchester University's Professor Paul Durrington claimed pharmacists were currently inadequately trained to assess customers' CHD risk and that the POM to P switch application underestimated the need to measure cholesterol.

He added that the sale of self-testing kits should be discouraged, as they were "inaccurate and difficult to use".

"It seems absurd not to measure cholesterol in someone requesting cholesterol-lowering medication. Perhaps even more absurd though, is the notion that anyone who does not know their cholesterol value would want to buy simvastatin," he says in an article in *Prescriber*.

However, Johnson & Johnson.MSD, the manufacturer behind the switch application, highlighted its pharmacy protocol, which enables pharmacists to ascertain if treatment is suitable for individuals.

The protocol was tested in more than 15 pharmacies with over 100 customers during December and January, the company said, adding it had collaborated with pharmaceutical organisations to develop education and training materials for pharmacists and counter assistants.

Despite cholesterol testing being considered unnecessary, customers would be encouraged to measure their cholesterol if the P licence is granted, J&J.MSD said. This would involve patients submitting a pin-prick blood sample to a laboratory to obtain a full lipid profile.

Dorset pharmacist Roger King, who took part in a local CHD project, said: "I'd agree that many pharmacists are inadequately trained but think the protocol we use here in Dorset proves that they can be trained to assess CHD risk by using the Framingham factors. If we're going to sell it, we have to take a responsible attitude towards it and that involves cholesterol testing."

For more information:

Prescriber 2004 (15); 5: 44-49

Doctors' dispenser problems

Dispensers who work in GP practices wanting to move into pharmacy employment will not be registered with the Royal Pharmaceutical Society, the Dispensing Doctors' Association has said.

The Society has no jurisdiction over doctor dispensing practices, and therefore its registration and qualification requirements, effective from next year, will not apply to doctors' dispensers. At a meeting of the DDA last month, concerns were raised about the impact this will have on dispensers in GP practices.

The current DDA training programme will be revised to conform to NVQ requirements. Students currently training will continue the courses in their current form.

NEL pharmacists tackle security

by Fiona Salvage
fsalvage@cmpinformation.com

A multidisciplinary working group has been set up in North East London to help local pharmacists tackle all areas of violence.

Local pharmacists, police, LPC and PCT representatives make up the group, which will be tasked with drawing up a co-ordinated plan to look at all security issues, not just violence, North East London LPC secretary Hemant Patel has said.

Expectations will be kept realistic but requests such as better street lighting and security cameras could be integrated with local authorities' plans, he added. The group also plans to promote better-co-ordinated data collection on security issues in pharmacies.

Welcoming PCTs' responses, Mr Patel said: "All are keen to see pharmacists get the same support as other healthcare professionals.

Pharmacies' open access offers a degree of worry for people."

- PCTs have failed to warn LPCs of the potential threat to pharmacies after burglars stole computer systems from GP surgeries.

Liverpool and Nottingham LPCs say that PCTs had not informed them of the attaeks on GP surgeries.

One Nottingham GP said the CD cabinet was no longer the target of the thefts but the computer equipment, according to a report in the medical newspaper *Pulse*.

GP practices in Nottingham, Birmingham and Liverpool have been broken into and their computer systems stolen, with damage amounting to £25,000 in some eases.

MSP says contract delay is jeopardising healthcare

Scotland is lagging behind in healthcare delivery because of ongoing delays in the new pharmacy contract, pharmacist and Scottish Conservative health spokesman David Davison MSP has claimed.

Speaking after Scotland's deputy health minister Tom McCabe said no decision had been made on allowing pharmacists to be paid for not dispensing prescriptions after exercising professional judgement, Mr Davidson said he was "extremely concerned and disappointed" that the Executive had not pushed for an early resolution of this matter.

"With the *Health Reform Bill* moving to stage three in the Parliament and the GP and consultants' contracts having already been agreed it would have been sensible for the new pharmacy contract to have been put in place at the same time.

"Yet again we see the Executive failing to listen to the professionals in the pharmaceutical sector and we are lagging behind other countries in making best use of pharmacists."

Questiontime

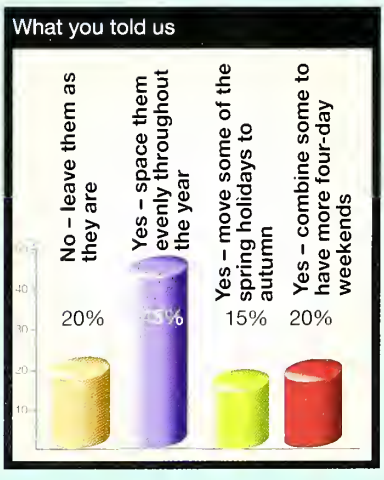
Sponsored by UniChem

Last week we asked you: "Do you think the public holidays and Bank Holidays in the UK should be distributed differently?" You replied (see right):

This week's question: The RPSGB's Cheltenham branch says some pharmacists are working excessive hours without breaks. Do you:

- Agree with this
- Disagree with this
- Believe it is a matter between employer and pharmacist
- Think long hours go with the job in the community sector.

You can record your vote on our website: *www.dotpharmacy.com*. You have until noon on April 20 to cast your vote. We will publish the results in *C&D*, April 24.

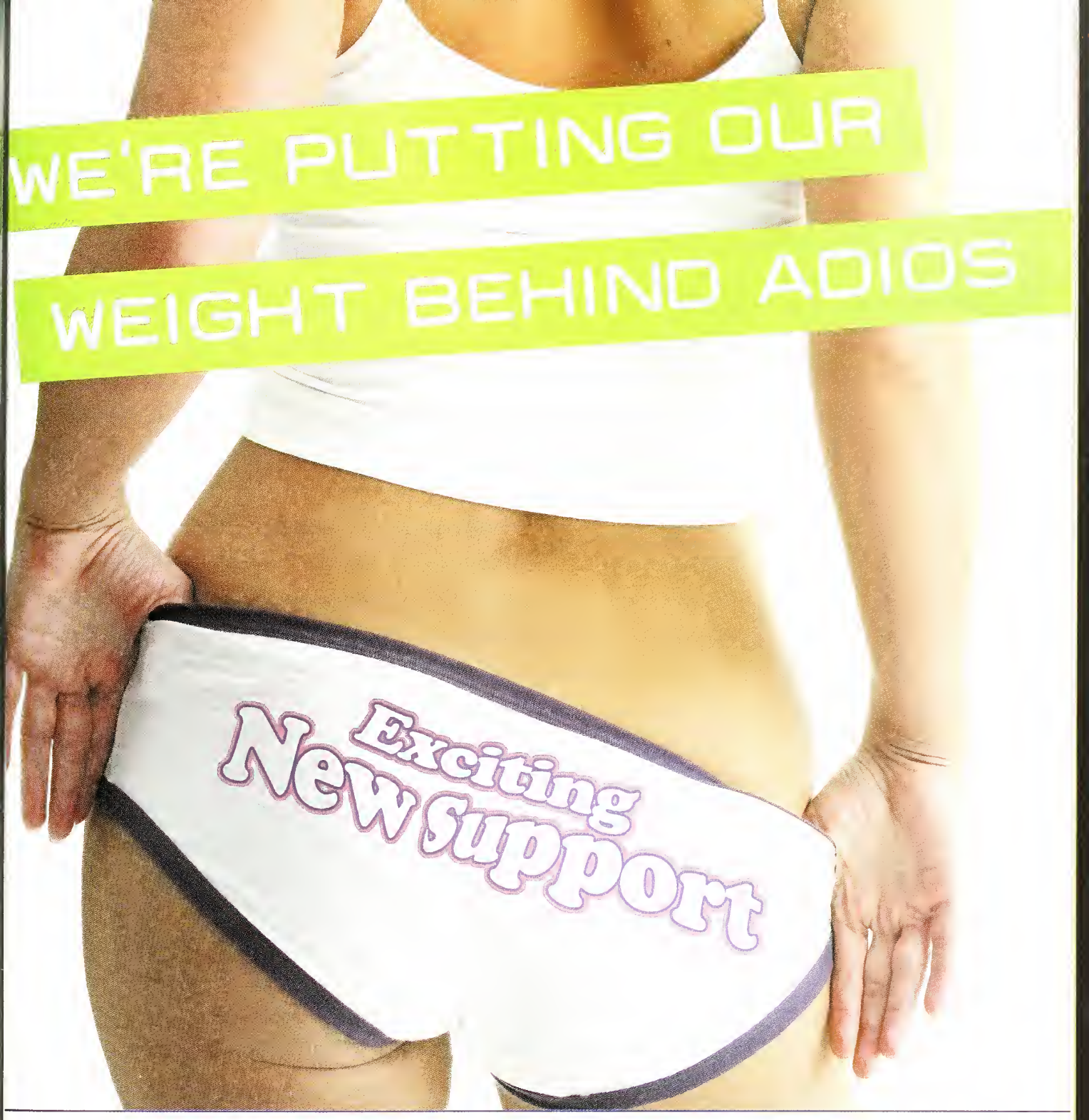


Nurse script guidance

PSNC has issued guidance on computer generated nurse prescriptions, which will be printed on standard green FP10SS forms rather than the usual purple FP10P forms.

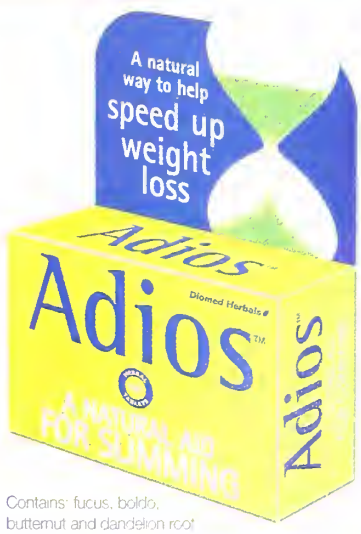
FP10SS forms will be annotated with 'nurse/health visitor prescriber' or 'extended formulary nurse prescriber', as appropriate.

Hospital-based nurse prescribers and midwives can also write prescriptions for dispensing in the community. They use FP10HP forms, stamped 'extended formulary nurse prescriber'.



Adios is the best selling OTC slimming tablet in the UK; and now with our eye-catching new campaign in national press, women's magazines and on TV, demand is sure to be even higher. Adios offers great profit potential so make sure your customers' weight-loss is your gain!

www.adiosdiet.co.uk



Contains: fucus, boldo, buttemut and dandelion root

DIOS Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **irections:** Adults and elderly: Take one tablet three or four times a day at mealtimes, as part of a calorie controlled diet. **Indications:** A herbal remedy traditionally used as an aid to slimming. **ontra-indications:** Not to be taken by children under 16 years. Not to be used if allergic to any of the ingredients. Not to be used during pregnancy or lactation. Do not store above 25°C. **egal Category:** GSL **Packs:** Adios (PL 17418/0005) - 100 tablets, RSP £9.95 (£8.47 exc. VAT). *(Over a 6 week period.) Reference: Data on file.

DIOMED

Coming Events

APRIL 19

RPSGB Slough and District Branch

Meeting on *Immunosuppression in organ transplants*, at the John Lister Postgraduate Centre, Wexham Park Hospital, Slough – 8pm. Speaker – Dr David Rich, Wyeth Laboratories. Buffet from 7.15pm

APRIL 20

RPSGB Oxfordshire Branch

Meeting on *Managing common ENT problems*, in the George Pickering Postgraduate Centre, Level 3, The John Radcliffe, Headington.

RPSGB Northern Scottish Branch

Discussion of motions for the Branch Representatives' meeting, followed by Committee meeting. Marriott Hotel, Culcabock Road, Inverness at 7.30pm

RPSGB Buckinghamshire Branch

AGM followed by *Patient safety*, by Wendy Harris, NPSA. BMI Chiltern Hospital, Great Missenden. Buffet 7.15pm, meeting at 8pm

APRIL 22

RPSGB South Cheshire Branch

AGM and current issues in pharmacy. Speaker – Alison Ewing, RPSGB vice-president and Branch Member at Fourways Inn (A556), Oakmere, Northwich, in the Delamere Suite. Meal at 7.15-7.30pm. Meeting at 8pm

Numark and Costcutter join up for new venture

by Sasa Janković
sjankovic@cmpinformation.com

Numark has reopened its Hightown store near Liverpool in a partnership with a Costcutter convenience store in a converted bank on the same site.

Although these two units are separate, this is the first in a new venture for Numark, which has joined forces with Costcutter to develop future pharmacies within convenience stores.

Owned by pharmacist Paul Middleton, the Hightown format includes a pharmacy and full convenience store services including an off-licence, freshly baked goods, chilled foods, newspapers and magazines.

Numark chief executive David Wood said: "We have had talks with a number of convenience store groups but Costcutter offered us the best opportunity and had the most similarities with Numark.

"We hope to see more partnerships like this. We see it as ideal for those pharmacies that can explore this opportunity and maximise the use of large sales areas. It's all about niche retailing.

"However, this is not about us pre-empting the Government's response to the OFT report on deregulation. We still think there is no good case for deregulation and hope the Government amends these proposals in light of the recommendations from the advisory committee."

A Boots store in Glasgow has become the first in Scotland to sell alcohol after the group obtained a licence to sell gift sets including alcoholic products. The scheme was trialled over Christmas in a dozen larger Boots stores. A spokesman said: "We plan to continue this in certain bigger stores as it complements those that have a large gift offering."

For more information:

Numark tel: 01827 841200
www.boots-plc.com

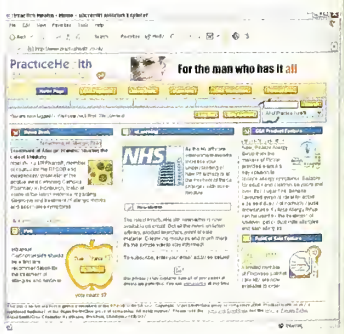
ONLINE

Pharmacy support on GSK website

GlaxoSmithKline Consumer Healthcare has launched a website at *PracticeHealth.co.uk* aimed exclusively at pharmacists and pharmacy undergraduates.

Sections include industry news, your workplace, product information, POS Centre, advertising gallery and e-learning, with links and a search facility.

GSK Consumer Healthcare said it is "committed to supporting pharmacy". Category management advice along with pharmacist and pharmacy assistant training are available through a number of channels and the company invests in supporting its POM to P switches and above the line support. "The site is expected to become an important point of reference to help pharmacists meet the needs of their increasingly challenging roles," it said.



Award for Specials Lab

The Specials Laboratory has been named Tyneside and Northumberland Small Business of the Year at a ceremony in Newcastle upon Tyne.

The [illegible] manufacturer and supplier [illegible] medicines won the Tyneside and Northumberland regional heat of the North East Business Awards.

Fiona Cruickshank, managing director, accepted the award along with technical director, Brian J Dougherty.

Genzyme plans research hub in Cambridge

Genzyme is to establish its first European discovery research facility this month in the UK.

It has leased a vacant space from Xenova for 10 years in its 310 Cambridge Science Park site to focus R&D on antibody technology and its application in renal disease, oncology, and immune-mediated diseases. Xenova will continue to occupy part of the Cambridge site together with its adjacent manufacturing facility.

Xenova chief executive David Oxlade said: "We are pleased to welcome Genzyme as a tenant at our Cambridge facility. This, together with the disposal of research premises in Farnham in December, largely completes the planned reduction in UK facilities occupation following the acquisition of KS Biomedix Holdings Plc in September 2003. Genzyme's occupation will substantially reduce our facilities' overheads over the coming years."

We're expecting blooming great sales again this year.

Zirtek was the fastest growing oral OTC Allergy relief brand during the hayfever season of 2003, outgrowing the market by almost double.[1]

And remember, Zirtek has so much to offer your customers:

- ✓ Zirtek works faster than Clarityn® in hayfever[2]
- ✓ Zirtek is classified as non-drowsy[3*]
- ✓ Zirtek can be taken with other medication as it has no known drug interactions
- ✓ Zirtek is not significantly metabolised in the liver – no dosage adjustment for customers with liver impairment
- ✓ Zirtek offers the convenience of both tablet and solution formats.

£1 million media campaign

www.zirtek.co.uk

ZIRTEK ALLERGY/ZIRTEK ALLERGY RELIEF
PRESENTATIONS: Film-coated tablets containing 10mg cetirizine hydrochloride.
USES: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.
DOSAGE AND ADMINISTRATION: Adults and children aged 6 years and over: 10 mg daily. Children between 6 to 12 years of age: either 5mg (1/2 tablet) twice daily or 10mg once daily. In renal insufficiency halve the dose to 5 mg (1/2 tablet) daily. Zirtek Allergy Relief: Adults and Children aged 12 years and over: 10mg once daily.
CONTRAINDICATIONS: Hypersensitivity to the constituents. Avoid use in pregnancy and lactation.
INTERACTIONS: To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption.
SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported.
PACKAGING/PRICE: Zirtek Allergy: Pack of 21 tablets = £8.95 R.R.P. Pack of 30 tablets = £14.95 R.R.P Zirtek Allergy Relief: Pack of 7 tablets= £4.45 R.R.P.
LEGAL CATEGORY: Zirtek Allergy: P. Zirtek Allergy Relief: GSL.
MARKETING AUTHORISATION NUMBER: PL 08972/0032
MARKETED BY: UCB Pharma Limited, Watford, Herts.WD1B 0UH.
For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts.WD1B 0UH. Telephone (01923) 211B11. Facsimile (01923) 229002. Email: medicaluk@ucbgroup.com.

ZIRTEK ALLERGY SOLUTION
PRESENTATIONS: Banana flavoured sugar-free solution containing 1mg/ml cetirizine hydrochloride
USES: Treatment of seasonal allergic rhinitis in children aged 2 years and over, and perennial allergic rhinitis and chronic idiopathic urticaria in children aged 6 years and over.
DOSAGE AND ADMINISTRATION: Adults and children aged 12 years and over: Two 5ml spoonfuls once daily. Children aged 6 to 11 years of age: Two 5ml spoonfuls once daily or one 5ml twice daily. Children between 2 to 5 years of age: One 5ml spoonful once daily or one 2.5ml spoonful twice daily.
CONTRAINDICATIONS: Hypersensitivity to the constituents. Avoid use in pregnancy and lactation.
INTERACTIONS: To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption.
SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported.
PACKAGING/PRICE: 200ml Solution = £18.95 R.R.P, 75ml Solution = £7.95 R.R.P.
LEGAL CATEGORY: P
MARKETING AUTHORISATION NUMBER: PL 08972/0033
MARKETED BY: UCB Pharma Limited, Watford, Herts.WD1B 0UH.
For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD1B 0UH. Telephone (01923) 211B11. Facsimile (01923) 229002. Email: medicaluk@ucbgroup.com.

ref 1: IMS Pharmatrend week 22 to 30 2002 vs week 22 to 30 2003 ref 2: Day JH et al. J Allergy Clin Immunol 1998; 101; 638-45. ref 3: BNF and MIMS 2003

Clarityn is a registered trademark of Schering-Plough Ltd.

* Zirtek Allergy, at the recommended dose, does not cause drowsiness in the majority of people. However rare cases of drowsiness have been reported.

UCB-ZA-04-04

Nicorette Freshmint Gum Prescribing Information.

Presentation: Nicorette Freshmint 4mg gum and Nicorette Freshmint 2mg gum contain 4mg and 2mg of nicotine respectively

Uses: For the relief of nicotine withdrawal symptoms as an aid to smoking cessation

Dosage: Each piece should be chewed slowly for 30 minutes. Use may be continued for up to 3 months then gradually reduced. Not more than 15 pieces of gum may be used each day. Not to be used by people under age 18 unless recommended by a doctor.

Contraindications: Nicotine in any form is contraindicated in pregnancy and lactation.

Precautions: Denture wearers, transferred dependence, gastritis, peptic ulcers, allergic reactions, history of cardiovascular disease, diabetes mellitus, hyperthyroidism, phaeochromocytoma.

Pregnancy & Lactation: Consult doctor.

Side and Adverse Effects: Dizziness, headache, nausea, gastrointestinal discomfort, hiccups, sore mouth or throat, jaw ache, gum sticking to dentures.

Price (ex-VAT):
2mg 30s £4.84,
2mg 105s £13.27,
4mg 30s £5.95,
4mg 105s £16.16.

Legal category: GSL.

PL holder:
Pharmacia Limited,
Davy Avenue, Milton Keynes,
MK5 8PH

PL number:
4mg PL 00037/0295,
2mg PL0[illegible]283.

Date of preparation:
March 2004

Pfizer

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- ✔ New crispy coating
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With a £6.5m promotional spend including TV, now's a good time to stock up on Nicorette Freshmint Gum.

It's a fresh way to keep your customers coming back for more.

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The UK's best selling stop-smoking brand

MIND chief slams SSRI trial data

A mental health charity chief has cast more doubt on the use of antidepressants in children following research published in the *BMJ* (*see Medical Matters p30*).

Commenting on the findings, MIND chief executive Richard Brook said the review of clinical trial data revealed "a sorry tale of authors paid by pharmaceutical companies, who then over-exaggerate benefits and underplay side effects".

Mr Brook recently resigned from a Committee on Safety of Medicines' expert working group on SSRIs, accusing the MHRA of negligence (*C&D, Mar 20, p14*).

Rest breaks on BRM agenda

Cheltenham pharmacists are urging the Royal Pharmaceutical Society to remind employers that they should ensure adequate rest breaks for pharmacists working long shifts.

The local branch will propose a motion to this effect at the branch representatives' meeting on May 13 at the RPSGB's Lambeth headquarters.

There are still multiples and independents who expect employees and locums to work excessive hours without a break. Locums, in particular, can have problems if the regular pharmacist "has acquiesced with a lower standard than should apply", says the branch.

In background notes to the motions, the Society says it has no authority to prescribe what hours pharmacists should work - it is up to responsible professionals to judge their capacity to undertake tasks they are asked to perform.

Brighton Branch will propose that all prescriptions for oral medicines carry complete dosage instructions. Prescriptions should also show the patient's age, so pharmacists can check the suitability of the dose and tailor advice to the individual, the branch says.

Pharmacies are assessing bone health

Nearly half the pharmacies in Fife are carrying out bone health risk assessments for patients over the age of 75 who live at home.

Twenty-minute risk assessments for falls, osteoporosis and hip fractures are being carried out at 36 of the 77 pharmacies. As part of the initiative, pharmacists are able to recommend calcium and vitamin D supplements to prevent osteoporosis, refer patients for a bone density scan, or ask occupational therapy to conduct a home assessment.

Pharmacists are paid £20 per assessment and funding has been provided by the Scottish Executive via the Frail Elderly Model Scheme.

Participating pharmacists have had training organised by NHS Fife. Patients may self-refer or are identified from medication records. The service is being promoted via in-store posters and prescription bag leaflets.

CPD was the theme of the National Association of Women Pharmacists [illegible] study day held in London this month. CPPE assistant director [illegible] and RPSGB inspector [illegible] gave presentations on aspects of CPD. From the left are NAWP executive member Christine [illegible] pharmacist Judy Macornachie and NAWP president [illegible] pictured discussing the [illegible]

Pharmacy advice is needed for GSL supply of Zovirax, says NPA

Professional advice is key in ensuring topical Zovirax is used correctly, the NPA has said in response to a Government proposal to reclassify Zovirax as GSL.

Consumers could mistake impetigo, chickenpox and other rashes with cold sores and may not realise that treatment should begin at the 'tingle' stage, the NPA claimed. However, if the product is to be reclassified as GSL, the NPA says it should be restricted in those aged 12 years and over. The P product will still be available for the treatment of younger children through pharmacies.

Questioning the rationale for the switch, NPA chief executive John D'Arcy asked: "Is it about quality and safety or is it about convenience, and arguably given the opening hours and accessibility of pharmacies, is convenience that big an issue?"

At long last

Now you can give recurrent heartburn sufferers a real break with a simple short course of Zanprol.

Taken once daily, Zanprol can provide relief from heartburn and, after treatment, can give weeks of remission from recurrent attacks.[1]

new **Zanprol**™

10 mg Tablets omeprazole

- RELIEVES HEARTBURN & ACID REFLUX
- ONCE A DAY
- ADVANCED TREATMENT

14 TABLETS

A real break from recurrent heartburn

Comment from the Editor

Last week's question was: Do you think the public holidays and Bank Holidays in the UK should be distributed differently?

"No, they should be left as they are. Everyone is used to them"

Sue Rudin, Chesterfield, Derbyshire

"It would be better to redistribute them so we have a few more later on in the year"

Mahua Das, Basildon

"Even though it would make working in pharmacy a lot harder as the days each side would be much busier, I would like more four-day weekends"

Joanne Scott, Stoke-on-Trent, Staffordshire

The support on offer for independent pharmacies has been in the spotlight this week. The Avicenna conference showcased what is available and what can be achieved, while Nucare and Numark have both highlighted the opportunities that can be taken up by those independent sector pharmacists keen to take on the big multiples under the new pharmacy contract.

It may be worth considering that the might of the Company Chemists' Association, which represents the large multiples, will have significantly influenced the framework and the remuneration models being discussed for the new contract. Presumably they will be advocating those schemes and services they think they can offer well and which, in turn, will provide them with fair remuneration. But this may be to the disadvantage of the lone voice independents as the large retailers may pick and choose which services they can supply without losing money.

If you are the proprietor of an independent pharmacy or are an employee in one, you may see an opportunity to offer a niche service that could give you an edge over your local multiple. But how can you be sure that your voice will be heard?

Some independents are leading the way, but many expend much effort in just trying to keep up. It makes sense then to make use of as much of the support on offer through membership of these organisations.

The added benefit is that you will have a collective voice strengthened by member numbers that will have greater influence in shaping the future of the whole of community pharmacy.

Some independents are leading the way, but many expend much effort in just trying to keep up

Yourviews

Please e-mail your views to chemdrug@cmpinformation.com

OTC omeprazole and the role of the pharmacist

I am writing as chairman of REFORM (REflux FORuM), a group of healthcare professionals with a special interest in reflux disease, in response to your recent article on the launch of omeprazole OTC (*C&D, March 13, p30, 34*).

We welcome this development as a further way to increase patient choice and access to the PPI class (recognised as the most effective treatment for reflux) but believe there is a need to emphasise two points of particular importance to primary care pharmacists.

- 10mg PPI is useful for treating those patients with mild symptoms. However, where symptoms are more severe or cannot be controlled at this dose patients must be referred to their GP.
- Patients over 45 with recent onset of symptoms should be referred to their GP immediately.

Pharmacists are ideally placed to identify this group of patients, who often try and self-medicate with OTC products without realising the potential implications of their condition. Indeed, the requirement for counter staff to be trained, and to ask the 2-WHAM questions will help to identify such patients and bring them to the attention of pharmacists for further advice and counselling.

To assist in the management of reflux in primary care, REFORM has developed a guideline document outlining best practice, and there are issues within these guidelines pharmacists should be aware of – particularly with supplementary prescribing and its future integration into community pharmacies.

Please visit the website *www.refluxforum.co.uk*, or if you have any queries regarding the management of reflux disease in primary care, e-mail *info@refluxforum.co.uk*

Dr A S Raghunath, REFORM member, GP and endoscopist, Hull

TOPICAL REFLECTIONS

The pitfalls of competitive pricing

It is ironic that at a time when the Medicines and Healthcare products Regulatory Agency seems hell bent on ensuring that all over the counter medicines should be made GSL the same agency is warning that legislation may be necessary to curb multibuy offers on medicines (*C&D, April 10, p4*).

As usual the Government sends out conflicting messages. Competition reigns supreme until the consequences of deregulation become apparent and then a foul is called. Resale price maintenance is removed and as a result competitive offers common in other commodities are also applied to medicines. And the MHRA seems surprised.

Community pharmacists are there to protect the public against the inappropriate use of medicines and their role could be successfully harnessed by restricting the sale of medicines to pharmacies.

The probability of pharmacists being given the sole responsibility of selling medicines is as remote as the chances of success for legislation by the MHRA to prevent promotional selling of medicines by supermarkets. In the same way that political arrogance has allowed supermarket monopoly to stifle grocery competition, seeing medicines as tins of baked beans has encouraged their uncontrolled promotion. Welcome to the free market.

Max is too lax on the laxatives

Reckitt Benckiser has withdrawn its 'P' classified Senokot Double Strength tablets and launched a GSL Senokot Max Strength. As a responsible pharmacist I have never recommended double strength Senokot because of possible abuse and because constipation benefits from professional advice. Where necessary the dose is best adjusted by the use of the lower strength 7.5mg tablets.

I am drawn to the conclusion that Reckitt Benckiser's action is in response to pharmacist's reticence at selling an unnecessarily strong product.

To circumvent the problem it has reclassified its 15mg tablets as a GSL medicine. Freely available for self-service in unsupervised premises and aided by the marketing expression of 'Max strength', it will be a winner.

I know I will be asked for Senokot Max Strength but I still won't stock it. I will explain why I do not put laxatives on self-service, why I consider so-called 'strong' products are unnecessary and why customers requesting laxatives will still be carefully questioned to ensure the sale is appropriate.

Lanolin specials could fleece the patients

My response to the excellent 'Open shop' article on the myths surrounding lanolin sensitivity was a hearty "hear, hear!" (*C&D, April 10, p32-33*). It has annoyed me for years that lanolin seemed to have been implicated unfairly as an allergen and I suspected that the real culprit was probably the alternative lifestyles of those vociferous in its condemnation.

However, whatever the truth, lanolin has declined in use as a moisturiser and as an ingredient in many skin creams. My recent search for lanolin ointment to satisfy a prescription request was fruitless because it is no longer made as a stock line and I was unable to purchase the anhydrous adeps lanae necessary to make it myself. I could have had it made as a special but when I discussed the potential cost with the prescriber, a doctor of similar age to myself, we agreed that a tube of Eucerin would be more cost effective.

The article raises an important question: should lanolin enjoy a renaissance encouraged by pharmacists? But if the answer is affirmative beware. If you naively recommend its use as the generic lanolin, the headache of trying to find a supplier at a price the customers can afford will probably not be worth the effort.

INDUSTRY VIEWPOINT

Scots are top of the IT league

Scotland may hold the rugby Six Nations' wooden spoon but when it comes to developing community pharmacy services, they have the Triple Crown and the Grand Slam.

Minor ailment schemes, repeat dispensing and pharmacist prescribing are well established in Scotland. Now the Scots are taking the outright lead in pharmacy connectivity to NHSnet and introducing a range of e-pharmacy services.

At the heart of the new system is the Scottish Clinical Information Prescription Store, also known as the 'e-pharmacy store'. This will connect GPs, pharmacy and the Common Services Agency. All pharmacies in Scotland will be connected to NHSnet by March 2005 and the e-pharmacy store will be functional by mid 2005.

Despite the initiatives, many

Now the Scots are taking the outright lead in pharmacy connectivity to NHSnet

retail pharmacy owners have given little thought to the advantages of e-pharmacy. Just as pharmacists have to adapt and develop, so does their use of IT. How any pharmacy manages without an EPoS and stock ordering system is hard to fathom. With the new pharmacy contract on the horizon, who has time for manual processes?

As always, some pharmacies are ahead of the game; these businesses have information and connectivity just a click away. Accessing services such as CoMedis, the online pharmacy transfer ordering and information system, they have more than repaid their investment. This IT experience and knowledge will place them at the forefront of NHS e-pharmacy.

Written by a senior industry manager

FRESH LOOK. FRES

FRESH OPPOI

At Scholl, we've been passionate about feet since 1904 and are the acknowledged experts in footcare, providing a host of science-based innovations that continue to improve the health, well-being and comfort of millions of people worldwide.

To celebrate our centenary, we've taken a fresh approach to our truly comprehensive range of proven footcare products. The repackaging will begin in April with our Athlete's Foot, Fresh Step and Odour, Cracked Heel Cream, Corn, Callus and Bunion, Blister and Verruca treatments, continuing in September with Insoles and Flight Socks. The new design will make the Scholl range the most distinctive and extensive footcare brand in Pharmacy.

The UK's first choice for footcare* now offers a fresh look and fresh appeal for your customers – and a fresh profit opportunity for you.

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This year we'll be running our biggest ever integrated campaign including full colour advertising and major PR coverage in national press and women's magazines.

NEW **PROFIT OPPORTUNITY**

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BPSAconference

Work hard, play hard

The British Pharmaceutical Students' Association held its 62nd annual conference at Aston University, Birmingham, last week. Emily Richards reports

Pharmacy students would like to see a change in the medicines classification. A unanimous vote supported the proposal that a new class of medicines should exist in which the pharmacist was legally required to consult with the patient for a sale to be made. This new class could include newly deregulated drugs such as statins and PPIs, and would ensure that the pharmacist had clinical input on every sale.

In an earlier debate, delegates discussed the proposal that the BPSA should remain a member of the European Pharmaceutical Students Association. This was in response to a presentation given by Timo Mohnani, the EPSA president, and the motion was passed.

A presentation by Mark Koziol, entitled 'Who's defending your reputation?' was followed by a series of workshops, which taught students how to deal with legal and ethical implications such as risk management and dispensing errors.

The 'Reckitt Benckiser Student of the Year' presentation took place on Tuesday evening at the Birmingham Museum and Art Gallery. The prestigious first place was awarded to Anne-Marie Kenny of Robert Gordon University, Aberdeen.

Amongst conference business the following day, the Johnson & Johnson MSD Counselling Competition finals were held, and first place was awarded to Michelle Saunders of Portsmouth University.

The afternoon also included the traditional and respected Question and Answer panel, chaired by Digby Emson. Delegates were able to put questions to the panel, which consisted of Jonathan Burton, John D'Arcy, Dr Gillian Hawksworth and Emily Horwill.

Among the issues debated was the need to address the number of pre-registration places, alongside more controversial topics such as the Atkins Diet and the legalisation of cannabis.

Thursday saw enactment of the ever-successful BPSA Day, where many day delegates and sixth form students were also invited to attend conference. Over 130 delegates were present at this event, which included the PPLS International/BPSA Travel Competition award, a presentation on supplementary prescribing and an expansive exhibition for future pharmacists.

Students follow the philosophy of work hard, play hard, as a rundown of the evening activity shows.

Saturday: the delegates enjoyed a welcome party at Einstein's Bar.

Sunday: the 'Decades' fancy dress themed night sponsored by Moss Pharmacy and the NPA.

Monday: the PDA Curry Night at Milan's, with live music.

Tuesday: the RPSGB reception held at the Britannia Hotel, New Street.

Wednesday: fancy dress charity pub-crawl, in aid of Cancer Research UK. The proceeds from the charity pub-crawl and auction raised just under £1,500 for Cancer Research UK.

Thursday: reception hosted by Aston University and the charity auction.

Friday: BPSA/Boots Ball at the Edgebaston Botanical Gardens.

The BPSA 63rd Annual Conference is scheduled to take place at Nottingham University, dates to be confirmed.

[illegible] won the Pharmacy Student of the Year award, sponsored by Reckitt Benckiser. Also pictured at the event from the left, are Lucy Wakefield, Nottingham School of Pharmacy, Mandeep Singh Sidhu, Aston School of Pharmacy, Mun Lai Cheong, RPSGB (runner-up), Cardiff School of Pharmacy, Gordon Lawton (runner-up), Bradford School of Pharmacy, Rishi Gupta, Bradford School of Pharmacy. Top, left to right: Dr Gillian Hawksworth, president, RPSGB, Mel Smith, Head of Medical & Pharmacy Affairs, Reckitt Benckiser, Helen Beckham, [illegible]

The extensive elections for the BPSA Exceutive 2004/2005 were held on Friday. The following were elected:
James Wood: president.
Lucy Wakefield: vice-president.
Jennifer De Val: treasurer.
Gautam Chandra Paul: secretary-general.

Three Honorary Life Memberships were also awarded for outstanding contributions to the BPSA to: Elizabeth Doran, David Kearney and Kristy Link.

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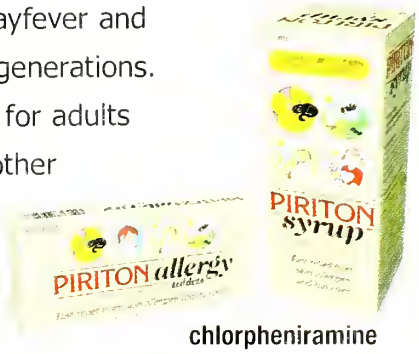

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gsk GlaxoSmithKline Consumer Healthcare

Inhaler changes coming soon

Pharmacists can reassure patients that changes to some respiratory products, taking place before June, are likely to optimise therapy in chronic obstructive pulmonary disease. Boehringer Ingelheim explains what is happening

Pharmacists could be highly involved in respiratory treatment transitions taking place this spring when Atrovent (ipratropium bromide) is launched as a chlorofluorocarbon-free inhaler and certain other anticholinergic inhalers are discontinued.

The CFC-containing Atrovent will be discontinued from May 31 to comply with European and international regulations requiring the phasing out of CFC inhalers to protect the ozone layer. The new Atrovent inhaler uses a hydrofluoroalkane instead of a CFC propellant.

However, new guidelines on the management of chronic obstructive pulmonary disease (COPD) may mean some patients will be changing therapy, rather than making a straightforward transition to CFC-free ipratropium.

The majority of the 270,000 patients on Atrovent MDI take the drug for COPD, although some asthma patients also use it. Doctors using the recent guidelines on COPD issued by the National Institute for Clinical Excellence may be looking to take some patients off inhaled steroids and to increase the use of long acting bronchodilators.

Changes in therapy will be needed for the 170,000 patients on Atrovent Autohaler, Atrovent Forte inhaler, Oxivent (oxitropium bromide) inhaler and/or Oxivent Autohaler as these products will also be discontinued at the end of May. Regrettably, CFC-free replacements for these products are unviable because of limited worldwide sales. Combivent will remain available until a suitable non-CFC alternative is developed.

Thus, many COPD patients will be visiting their GP for review. Such reviews are timely in light of the inclusion of COPD in the new General Medical Services contract, as well as the new NICE guidelines.

Where pharmacists are involved in respiratory clinics or in transitions, they might be carrying out such reviews themselves. In fact, it has been suggested that surgeries bring in pharmacists to manage transitions.

Among GMS quality indicators that pharmacists could look at are a check of inhaler technique and advice on stopping smoking.

Other key points from the new guidelines and the new GMS contract are to check the diagnosis of COPD. This disease is both under-diagnosed and misdiagnosed as asthma, possibly resulting in inappropriate treatment.

A clinical checklist from the NICE guidelines, to differentiate COPD and asthma, is given in Box 1 (*left*). Pharmacists may want to bring up the guidelines or the new contract with GPs as a means to refer patients for re-diagnosis.

The guidelines emphasise that COPD symptoms can be improved with treatment, using bronchodilators as the cornerstone of therapy. The guidelines confirm the place of long-acting bronchodilators, with

Box 1: Differences between COPD and Asthma

	COPD	Asthma
Smoker / ex-smoker	Nearly all	Possibly
Symptoms under age 35	Rare	Often
Chronic productive cough	Common	Uncommon
Breathlessness	Persistent and progressive	Variable
Night-time waking with breathlessness or wheeze	Uncommon	Common
Significant day to day variation in symptoms	Uncommon	Common

he recommendation that these drugs be added to treatment when short-acting agents fail to control symptoms.

The guidelines also remind prescribers of the specific place of steroids in COPD – to be used in more severe disease where patients have had two or more exacerbations within a year. Prescribers are specifically advised to discontinue a combination of long-acting beta agonist and inhaled corticosteroid if there is no benefit to the patient after four weeks.

Dr John Millar, a respiratory consultant at Poole Hospital, says a straight switch to the CFC-free Atrovent inhaler may be adequate for mild COPD patients, whose symptoms are well controlled by Atrovent alone and who have stopped smoking. However, he suggests that most COPD patients who have been on anticholinergic therapy will have more severe disease; for them he advocates the

It has been suggested that surgeries bring in pharmacists to manage transitions

use of the long-acting anticholinergic bronchodilator tiotropium.

Tiotropium is currently the only available long-acting anticholinergic. Trials show that, compared with ipratropium, the newer drug can substantially reduce exacerbations, produce sustained bronchodilation and help patients feel better. It is available as a dry powder inhaler which can be used by patients with limited airflow.

Dr Millar says that just because a COPD patient has been prescribed a particular inhaler for years does not mean they are receiving optimum treatment. Changes to anticholinergic inhalers are a good opportunity to revise and simplify medication regimes.

Dr Millar emphasises that pharmacists are vital members of the primary care team who can alert patients on anticholinergic inhalers that there may be changes to their treatment.

Where patients are making a straightforward transition to the Atrovent CFC-free product pharmacists should note the following counselling points:

- The new CFC-free inhaler has been shown to be as safe and effective as the one it replaces.
- The existing inhaler was not dangerous, but contained a CFC propellant, which is being phased out for environmental reasons.
- Take the same number of puffs and use the inhaler the same number of times per day as previously.
- Use the inhaler in the same way as previously, although the new inhaler does not need shaking before use.
- The new inhaler tastes slightly different to the CFC version and gives a softer spray – this is normal.
- The container can be floated to see how full it is (see instruction leaflet).

Salford nurse practitioner June Roberts warns that patients previously given an Autohaler may not be good users of an MDI and suggests they may need alternative delivery systems or spacers. For patients transitioned to the new Atrovent CFC-free Inhaler, the Aerochamber should be used if a spacer is needed.

She adds that pharmacists and doctors should ensure that patients transitioned to CFC-free should not be inadvertently switched back to a CFC-containing product.

Boehringer Ingelheim has produced a 'transition pack' and is making available an independent nurse advisor team to help practices with the changes.

IMPORTANT DRUG CHANGE

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ARE BEING REPLACED BY

ZISPIN® SolTab™
mirtazapine orodispersible tablet

- Conventional Zispin 30mg tablets will be phased out by 4th May 2004
- Zispin SolTab are available in a wider dose range – 15mg, 30mg and 45mg
- Zispin SolTab is bioequivalent to conventional Zispin tablets,[1] and can be taken with or without water
- Zispin SolTab 30mg is 16% less expensive than conventional Zispin 30mg tablets – saving £3.67 per patient for 28 days treatment[2]
- **Patients on conventional Zispin tablets should be changed to Zispin SolTab by 4th May 2004**

Thank you in advance for helping to ensure that this transition goes smoothly. Should you have any queries, please do not hesitate to contact Organon Medical Information on 01223 432 756 or email medrequest@organon.co.uk

References 1. van den Heuvel MW, et al. Clin Drug Invest 2001; 21(6): 43-432. 2. MIMS February 2004

Zispin SolTab 15mg, 30mg, 45mg - Zispin 30 mg Tablets
(See SPCs before Prescribing)
Presentation: Zispin SolTab 15mg, 30mg, 45mg. Peel-to-open strips of 6 orodispersible tablets each containing 15, 30 or 45 30mg of mirtazapine, available in packs of 6 or 30 tablets. Zispin SolTab [illegible] also available in packs of 6 tablets. **Zispin 30 mg tablets** [illegible] of 7 tablets each containing 30mg of mirtazapine, [illegible] packs of 28 tablets. **Uses:** Treatment of depressive [illegible]. **Administration:** Zispin SolTab should be taken out of the [illegible] and should be placed on the tongue. The [illegible] and can be swallowed without water. Zispin [illegible] if necessary with fluid, and swallowed [illegible] dosage. Adults and elderly: The effective daily [illegible] 15 and 45mg. Children: Not [illegible] of mirtazapine may be decreased in patients [illegible] insufficiency. Zispin is suitable for once [illegible] daily as a single night-time dose. Treatment [illegible] until the patient has been completely [illegible] months. **Contraindications:** Hypersensitivity to [illegible] ingredients of Zispin. **Precautions and warnings:** [illegible] white blood cell disorders including agranulocytosis, [illegible] and granulocytopenia have been reported as [illegible] with Zispin. The physician should be alert to symptoms [illegible] as sore throat, stomatitis or other signs of infection, if [illegible] occur, treatment should be stopped and blood counts taken. Patients should also be advised of the importance of these symptoms. Careful dosing as well as regular and close monitoring is necessary in patients with: epilepsy and organic brain syndrome (See SPC), hepatic or renal insufficiency; cardiac diseases; low blood pressure, diabetes mellitus (Insulin and/or oral hypoglycaemic dosage may need to beadjusted.) As with other antidepressants care should be taken in patients with: micturition disturbances like prostate hypertrophy, acute narrow-angle glaucoma and increased intra-ocular pressure. Treatment should be discontinued if jaundice occurs. Moreover, as with other antidepressants, the following should be taken into account: worsening of psychotic symptoms can occur when antidepressants are administered to patients with schizophrenia or other psychotic disturbances; when the depressive phase of manic-depressive psychosis is being treated, it can transform into the manic phase. As for all therapies for depression, risk of suicide may increase in the first few weeks of treatment. Zispin has sedative properties and may impair concentration and alertness. **Interactions:** Alcohol, benzodiazepines; strong CYP3A4 inhibitors, such as the HIV protease inhibitors, azole antifungals, erythromycin and nefazodone, ketoconazole, carbamazepine, phenytoin, cimetidine. Mirtazapine caused a small but clinically insignificant increase in INR in subjects treated with warfarin. **Pregnancy & Lactation:** Safety in human pregnancy has not been established. Use during pregnancy not recommended. Women of child bearing potential should employ an adequate method of contraception. Use in nursing mothers not recommended. **Adverse reactions:** The following adverse effects have been reported: Common (>1/100): Increase in appetite and weight gain. Generalised or local oedema. Drowsiness/ sedation/fatigue, generally occurring during the first few weeks of treatment. (N.B. dose reduction generally does not lead to less sedation but can jeopardize antidepressant efficacy). Uncommon (>1/1000): Dizziness, headache. 0Increases in liver enzyme levels. Rare (>1/10,000): Reversible agranulocytosis. (Orthostatic) hypotension. Exanthema. Mania, convulsions, tremor, myoclonus, agitation, hallucinations, paraesthesia, nightmares/vivid dreams, restless legs and arthralgia/myalgia, rash. **Overdosage:** Present experience with Zispin alone indicates that symptoms are usually mild. Depression of the CNS with disorientation and prolonged sedation together with tachycardia and mild hyper- or hypotension have been reported. Treat by gastric lavage with appropriate, symptomatic and supportive therapy for vital functions.

Legal Category: POM
Product Licence Numbers:
Zispin SolTab 15mg orodispersible tablet PL 0065/0180
Basic NHS cost £4.13 for 6 tablets, £20.63 for 30 tablets
Zispin SolTab 30mg orodispersible tablet PL 0065/0181.
Basic NHS Cost £20.63 for 30 tablets
Zispin SolTab 45mg orodispersible tablet PL 0065/0182
Basic NHS Cost £20.63 for 30 tablets
Zispin 30mg tablet PL0065/0145
Basic NHS Cost £22.92 for 28 tablets

Further information is available from: Organon Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge, CB4 0FL Telephone: 01223 432700. March 2004. ORG 04321D

Organon

ZISPIN® SolTab™
mirtazapine orodispersible tablet

NEW DELIVERY, TRUSTED EFFICACY

In the second of two articles coinciding with Parkinson's Awareness Week, *Mary Allen* discusses drug treatment

Use of drugs in PD

THE COLLEGE OF PHARMACY PRACTICE

This course (module 1301), in association with multiple choice questions being published in C&D May 1, provides one hour's continuing education

Learning Points

- To be aware of the drugs used in PD and how they work
- To revise the combinations of drugs and when they are used
- To be aware of signs of unsatisfactory dosing
- To consider how to improve quality of life for patients and carers
- To be alert to possible side effects

As there is currently no cure for Parkinson's disease (PD), drugs are used alongside other therapies to manage symptoms.

In PD, there is a loss of dopamine due to the degeneration of dopaminergic neurones in the substantia nigra in the midbrain (*see first article last week, p19*). Most drugs aim to restore the balance between the two transmitters acetylcholine and dopamine. However, amantadine probably works at another receptor site, affecting glutamate transmission.

Drugs affecting the acetylcholine/dopamine balance work in one of various ways:

- to increase the levels of dopamine in the brain
- to act as dopamine receptor agonists
- to block the activity of acetylcholine.

Because no drugs are problem-free, newly diagnosed patients with mild symptoms may decide with their doctors to delay drug treatment and focus on lifestyle measures including exercise and relaxation in the short term.

Treatment is sometimes delayed until symptoms start to affect activities of daily living, although some doctors now argue against the wisdom of this.

Levodopa

The introduction of levodopa, an amino acid precursor of dopamine, in the late 1960s, revolutionised the treatment of PD. However, it soon became clear that although the drug produced dramatic benefits at first, there were problems associated with longer-term use (*see 'wearing off', dyskinesias, and 'on/off' below*).

Levodopa has a short plasma half-life. Some success has been achieved in stabilising plasma levels by inhibiting its metabolism to dopamine before it reaches the brain, which is where it is needed to produce its therapeutic effect.

Dopa decarboxylase inhibitors (DDCIs) such as carbidopa or benserazide are administered with levodopa (as co-careldopa and co-beneldopa) to inhibit its breakdown by the peripheral enzyme dopa-decarboxylase. This means that smaller doses of levodopa can be given and that side effects such as nausea and vomiting and cardiovascular effects are minimised. Any resulting nausea and vomiting is rarely dose-limiting but domperidone is useful in controlling these side effects if they happen.

Levodopa plus DDCIs

A range of products is available containing co-beneldopa (Madopar) and co-careldopa (Sinemet), including normal release oral dosage forms, modified release forms and, in the case of co-beneldopa, dispersible tablets of Madopar for rapid action.

Because 70-100mg of carbidopa is needed daily to achieve full inhibition of peripheral dopa-decarboxylase, doses of co-careldopa should allow for at least this daily amount of carbidopa, or patients may suffer nausea and vomiting. Hence, Sinemet tablets are available containing different ratios of levodopa and carbidopa, so that even for patients needing only low doses of levodopa, there is sufficient carbidopa to achieve inhibition.

A family history of PD is thought to be more significant in those with early-onset disease

Treatment is tailored to patient need, sometimes using a mixture of standard release, modified release and dispersible forms. Absorption is quicker from dispersible forms and this can be useful in the morning to 'kick start' patients. Dispersible forms are also useful if people have swallowing difficulties. Modified release forms help to reduce fluctuations in blood levels and are useful in patients who have

Continued on page 26

been taking levodopa for some time to reduce the "wearing off" effect (*see below*).

COMT inhibitors

Further peripheral loss of levodopa occurs due to metabolism by another enzyme, catechol O-methyl-transferase (COMT) so, despite the use of DDCIs, only a small percentage of the oral dose of levodopa reaches the striatum in the brain, to be decarboxylated to dopamine. In the last few years, a new class of adjuvant drugs, the COMT inhibitors, have been introduced which block metabolism of levodopa by this enzyme, further increasing the amount available for the brain and prolonging its half-life. Entacapone is currently the only COMT inhibitor available, following the withdrawal of an earlier drug, tolcapone, because of hepatotoxicity.

Entacapone has no anti-Parkinson activity of its own, but is used solely as an adjunct to levodopa therapy. Studies have shown that the administration of entacapone together with levodopa plus a DDCI (as co-careldopa or co-beneldopa) can result in:

- an increase in effect of one to one and a half hours each day
- a potential reduction in the dose of levodopa of around 100mg each day.

Entacapone is usually well tolerated. The most common side effects are due to the increased dopaminergic activity (dyskinesias and nausea) but decreasing the levodopa dose may reduce these. Diarrhoea and constipation have been reported, and entacapone may discolour the urine – and sometimes other body fluids – red-brown.

Levodopa plus DDCI plus COMT inhibitor

The recently launched Stalevo contains levodopa, carbidopa and entacapone and is indicated for the treatment of patients with PD and end-of-dose motor fluctuations (*see below*) who are not stabilised on levodopa/dopa decarboxylase (DDC) inhibitor therapy.

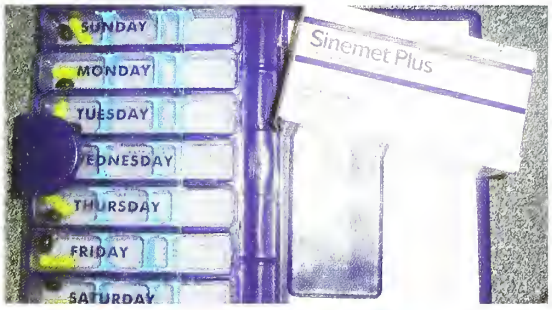
Although [illegible] therapy, plus adjuvant [illegible] should be initiated [illegible] under specialist [illegible]

Disadvantages [illegible]

- Nausea and vomiting may be common in early treatment but are usually mild. A few patients cannot tolerate levodopa because of severe sickness.

Barriers to good pharmacy practice for PD patients

- Patient may be housebound and pharmacist never sees them.
- No provision in current community pharmacy NHS contract for home visits.
- Some pharmacists may be simply unaware of the burden of PD for patients and carers: what it's really like.
- Frequent staff changes in the pharmacy – too many locums, no chance for patient/carer to build a relationship with pharmacist.
- PD patients receive multi-professional care, but the team doesn't usually include community pharmacist in care plans for individual patients, or in multi-professional training.
- Often, pharmacist sees only the prescription not the circumstances.
- Community pharmacists are excluded from secondary care/primary care loop.
- Hospital neurologists often inaccessible for pharmacist intervention.
- Many patients with PD are in nursing homes in late stages of their illness - but may no longer have access to PD specialist nurses and doctors, or medication review.



Dispensing PD drugs in an MDS could be helpful

- Dyskinesias: too high a dose of levodopa, (or use over a long period – *see below*), may result in dyskinesias, which are abnormal, involuntary movements and can include wild jerkings, writhing, twitching and spasms. They are distressing, painful and contribute to fatigue, and may sometimes be mistaken for symptoms of disease. They differ from the (rhythmic) tremor associated with PD.
- Confusion, hallucinations, mood swings or psychological changes may occur.
- Dietary protein can interfere with the absorption of levodopa, which is an amino acid, resulting in reduced effect if the drug is taken after a protein-rich meal. Where this is a problem, some doctors recommend that patients should eat less protein in the daytime and more in the evening, but any dietary changes should be discussed with the GP or hospital consultant and supervised by a dietician.
- There are suspicions that levodopa may activate a malignant melanoma. Products containing levodopa shouldn't be used in people with a history of, or who may be suffering from, a malignant melanoma.

Longer-term disadvantages

Over time, levodopa therapy is associated with a number of problems:

- 'Wearing off' of therapeutic effects, which occur increasingly before the next dose is due or has begun to work.
- Dyskinesias may be more problematic.
- 'On/off' effects become more frequent: patients suffer sudden switches from being 'on' (able to move and function) to being 'off' (immobile or 'freezing').

When a patient has had PD for many years it becomes necessary to find a balance between symptom control and dyskinesias. Altering the type or amount of Sinemet or Madopar, or altering the dose frequency, or switching to other drugs may reduce some of these effects.

Dopamine receptor agonists

Dopamine agonists include apomorphine, bromocriptine, cabergoline, lisuride, pergolide, pramipexole and ropinirole. They have a direct action on dopamine receptors. Apart from apomorphine, which is used in advanced disease, they are frequently used in new patients instead of levodopa, and are also used with levodopa in more advanced disease.

Dopamine agonists produce fewer long-term side effects such as dyskinesias and 'on/off' so are often used for young patients, thus delaying the need for levodopa. However, their improvement of overall motor performance is slightly less, and they are associated with more neuropsychiatric side effects than levodopa.

The CSM has advised that ergot-derived dopamine receptor agonists (bromocriptine, cabergoline, lisuride, and pergolide) have been associated with fibrotic reactions which can affect the heart and lungs, and cause reddening of the legs. Before starting treatment with these drugs, patients should undergo appropriate tests (*see BNF*). Patients should subsequently be monitored for dyspnoea, persistent cough, chest pain, cardiac failure and abdominal pain or tenderness. If long-term treatment is expected, then lung function tests may also be helpful.

Disadvantages

Some patients experience nausea and vomiting, hallucinations, confusion and dizziness relating to low blood pressure.

Drowsiness be may a side effect and in some cases this can be severe. There have been some cases of patients taking dopamine agonists, particularly ropinirole and pramipexole, experiencing a sudden onset of sleep while driving. Although this is not common, patients should talk to their doctors if they suffer with drowsiness. This effect is not restricted to dopamine agonists and can sometimes occur with co-careldopa and co-beneldopa.

Apomorphine

Apomorphine is a potent dopamine agonist given by subcutaneous injection. It is sometimes used in advanced disease for patients experiencing unpredictable 'off' periods with levodopa treatment. It is used only in patients who show response to levodopa.

Because apomorphine is highly emetogenic, patients must receive domperidone for at least two days before starting treatment, and all treatment should be under specialist supervision.

Intermittent injection is used as an add-on treatment to provide rescue from disabling 'off' periods. Doses are self-administered by the patient (or carer) using an injection pen, at the onset or anticipation of an 'off' phase.

Apomorphine may also be given as a continous subcutaneous infusion in severely disabled

Continued on page 28 ▶

Think differently about diclofenac

®Voltarol Rapid

diclofenac potassium

Voltarol Rapid is an immediate release potassium formulation of diclofenac tablets

Voltarol Rapid starts to relieve pain in 15 minutes[1]

Voltarol Rapid is suitable for acute painful disorders that require a quick analgesic effect[1]

NOVARTIS

patients suffering prolonged or frequent unpredictable 'off' periods.

Antimuscarinic drugs

Antimuscarinic drugs work in PD by reducing the effects of the central cholinergic excess that occurs as a result of dopamine deficiency. They are little used now in idiopathic PD as they are generally less effective than the newer dopamine agonists, but are useful in drug-induced Parkinsonism, such as in patients on long-term antipsychotic drugs.

Antimuscarinics are sometimes used to reduce tremor and rigidity in idiopathic PD, but have little effect on bradykinesia. They may be useful in reducing sialorrhoea (excessive drooling), and for bladder control. No important differences exist between the drugs, but some patients tolerate one better than another. The drug group includes benzatropine (benztropine), biperiden, orphenadrine, procyclidine, and trihexyphenidyl (benzhexol).

Selegiline

Selegiline is a monoamine-oxidase-B inhibitor used in conjunction with levodopa to reduce 'end-of-dose' deterioration in advanced PD. It slows down the metabolism of dopamine in the brain. When selegiline is added to a levodopa regimen it is possible to reduce the levodopa dosage by an average of 30 per cent.

Early treatment with selegiline monotherapy may delay the need for levodopa for some months in some patients but other more effective drugs are preferred. When combined with levodopa, selegiline should be avoided or used with great caution in postural hypotension.

Selegiline's use has declined over the years because of several controversies. Its safety was questioned in one study, which suggested an increased mortality if used with levodopa, although other studies haven't supported this. And, although there has been considerable interest in the possible role of selegiline as a neuroprotective agent, there is no convincing evidence that it delays disease progression.

Serious interactions may occur with some antidepressants, including fluoxetine and some other SSRIs, and some tricyclics.

Amantadine

Amantadine was discovered to have antiparkinsonian effects by accident, in the late 1960s. Although its effects may be modest it improves mild bradykinesia as well as tremor and rigidity. It may also be useful for dyskinesias in more advanced disease. Tolerance may develop and confusion and hallucinations occasionally occur. Withdrawal should be gradual, irrespective of the patient's response.

It was thought to work by enhancing the release of dopamine and/or delaying its reuptake into synaptic vesicles. More recently, however, it has been found to work as an NMDA (*N*-methyl-*D*-aspartate) receptor antagonist. NMDA receptors are associated with the neurotransmitter glutamate. Although the process is not yet fully understood, it is now thought that a wide variety of acute and chronic neurological diseases may be mediated, at least in part, by a final common pathway of neuronal injury involving excessive stimulation of glutamate receptors.

Side effects of treatment also include livedo reticularis, a blotchy rash usually on the lower trunk, and peripheral oedema. The rash is not usually harmful, but in rare cases can lead to ulceration.

Mary Allen, FRPharmS, is a part-time community pharmacist and hospice pharmacist in Herts.

Making a difference: Doris

- Doris (housebound) phoned the pharmacy to ask about "low protein" sip feeds.
- In sorting out what Doris meant, the pharmacist discovered that she had misunderstood the hospital consultant's advice about the effects of protein on levodopa absorption.
- For 18 months she'd eaten no overt protein AT ALL!
- Weight loss +++ which the GP had related to her illness.
- Pharmacist contacted GP who then arranged a session with the dietician – Doris soon put her weight back on and even gets out and about now.

Making a difference: Jill

- Jill is 55 with PD of some years.
- Prescribed amantadine, one daily then two daily.
- Soon developed blotchy rash on legs and lower trunk.
- Doctors were adamant this was unrelated to Jill taking amantadine.
- Rash got worse, ulcerated, infected.
- Jill mentioned it to pharmacist when picking up her medicines.
- Pharmacist found information on this rare side effect.
- Drug withdrawn slowly, problem now resolved.

Making a difference: John

- John is in his early 50s; PD since early 40s.
- Took early retirement from work and has small work pension.
- Takes eight items of medication.
- Wife Carol brings him to pharmacy.
- Was paying for prescriptions until pharmacist told him about the exemption for people "with a physical disability who can't leave house without help of another person" via form FP92A.

Good news

- A Government-funded pilot project starts soon for community pharmacists with a special interest in Parkinson's disease (*www.medicines-partnership.org*).
- Vision community pharmacy contract under discussion: seeks to develop specialist pharmaceutical care services.

Actionplan

1. Revise the absorption, distribution and metabolism of levodopa and the dopa decarboxylase inhibitors. In your practice workbook draw a diagram to show the relative drug concentrations in the blood and brain.

2. Try to find the half-life of these drugs. What impact does this have on dosage regimens? Take into account the blood-brain barrier when working on these first two action points.

3. If you have PD patients, who set their drug regimens? Should you give additional advice? If so, on what basis? Can/should you modify the instructions on the prescription?

4. Because drug regimens for PD are so complex, dispensing in an MDS would be helpful. Should you do this for all PD patients? If you do, make sure you communicate all necessary information to the patient in person.

5. Do you have PD patients in your nursing/residential homes? Are you sure the nurses/care staff are aware of the drug regimens and at least have some knowledge of why the regimen is so important? If there is any doubt, make contact and arrange a training or information session.

6. Try to find out more about 'on/off'. What could you do about a patient in an 'off' phase? Do any of your patients use apomorphine for this? How do they administer the drug?

Learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of [illegible] pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice questions (MCQs) inserted in the May 1 issue, which will cover this week's CPP-accredited module, together with [illegible] issues 3 and 10 issues. These will cover:

- **Cystic fibrosis part 2 (1299)**
- **Parkinson's part 1 (1300)**
- **Parkinson's part 2 (1301).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

Important information about the naming of medicines

Names of active substances in some medicines will be changing. There are two naming systems: British Approved Names (BANs) and recommended International Non-Proprietary Names (rINNs). In future, where the rINN and BAN differ, the rINN will be used.

In most cases the changes are minor, for example amoxycillin to amoxicillin. However, in some cases the name changes are more substantial e.g. bendrofluazide to bendroflumethiazide.

Why change?

To help reduce the risk of medication errors caused by confusion where some substances on the market could be under two different names.

Exceptions

Adrenaline and noradrenaline will however remain unchanged.

Action required by (healthcare professionals)

Use rINNs by 30 June 2004, where the BAN and rINN differ.
Take particular care to avoid the risk of medication errors during the transition period.

Further information

On the MHRA website at www.mhra.gov.uk.
Professional Letter from the Chief Medical Officer, Chief Pharmaceutical Officer and Chief Nursing Officer dated 17 March 2004.
March 2004 edition of the BNF.

Contact details

Medicines and Healthcare products Regulatory Agency
Market Towers
1 Nine Elms Lane
London SW8 5NQ

Tel 020 7084 2000
Fax 020 7084 2353
Email info@mhra.gsi.gov.uk

MHRA
Medicines and Healthcare products Regulatory Agency

Newer antipsychotics lower violence risk

Atypical antipsychotics significantly lower the risk of violent behaviour in schizophrenia patients when compared to older neuroleptics, scientists from the USA have claimed.

Over two years, patients who consistently took a newer atypical antipsychotic drug such as clozapine, risperidone or olanzapine had less than one third of the violent outbursts patients taking the older medication had.

Study co-author Professor Marvin Swartz said: "Many patients with schizophrenia find the new medication easier to tolerate because there are fewer side effects. Greater tolerability of the medication makes it easier to control symptoms of the disease more consistently and may also help people avoid substance abuse and situations that otherwise can lead to violence."

The Eli Lilly-sponsored study of 229 patients discovered that patients who took older medications find it hard to adhere to a drug regimen because of the frequent side effects. Newer medications may have a direct effect in reducing violent behaviour pharmacologically, but also an indirect effect by fewer medication adverse events, the authors concluded.

For more information:

Schizophrenia Bulletin 2004; 30:

Rates of penicillin allergy lower in second exposure

A second exposure to penicillin in allergic patients generates fewer allergic-like events than previously thought, according to data collected from UK patient records.

Only 2 per cent of about 3,000 patients who received a second prescription for penicillin, after previously experiencing an allergic-like event, had a repetition of their allergy symptoms, the study found. Earlier studies had placed this figure at around 60 per cent.

Urticaria was the most frequent allergic-like event and occurred in 75 per cent of cases, while anaphylaxis, the most serious adverse event, only accounted for between 0.2 and 0.5 per cent of the initial allergic reactions.

Lead investigator Andrea Apter said: "As one of the cheapest and most effective antibiotics available, it is essential for clinicians to know just how common allergic-like reactions are and when really to avoid re-prescription of penicillin."

For more information:

Journal of Allergy & Clinical Immunology 2004

SSRI trials in children are 'biased'

"Biased reporting and over-confident recommendations" from studies of children using antidepressants may be misleading doctors and patients' families, Australian researchers have alleged.

Non-drug treatments for depression in children that may be safer and more effective are undervalued, the authors claim. The study authors downplayed side effects of antidepressants, they added. One author claimed that only one serious adverse event in their trial was related to paroxetine treatment, when five of the seven children hospitalised during the study had suffered a side effect (suicidal thoughts) known to be linked to SSRI use.

Trials consistently found large improvements in placebo groups, with only some indicators for antidepressant use reaching significance, the authors claim in the *BMJ*. Authors for at least three of the four larger studies were affiliated to, or paid by, pharmaceutical companies with SSRIs, state the authors.

For more information:

BMJ 2004; 328: 879-83

Patients just forget to take medication

Forgetfulness is the most common explanation for heart patients not taking their medications, claim USA researchers.

Patients also claimed to be careless, said they didn't take their medicines when they felt better, while some said they didn't take medicines when they felt worse. Half the patients enrolled on the programme to optimise treatment quality admitted that after six months they had problems abiding by their drug regime.

Study author Dr Kim Eagle said: "It's crucial that we determine why patients aren't adhering to their medications, because we know that taking these particular [drugs] (statin, ACE inhibitor, aspirin and beta-blocker) can do so much for them.

"It appears that we need to find better ways of helping patients remember to take their pills, so they and our healthcare system can get the best result."

Cannabis good for brachial plexus neuropathic pain

A cannabis medicine has been shown to be effective in treating neuropathic pain resulting from brachial plexus injuries, researchers have announced.

Sativex, a combination of two cannabidiols, was found to be effective in treating neuropathic pain in patients who had suffered torn cervical and thoracic nerves. The data was presented at The Pain Society's 37th Annual Scientific Meeting in Manchester.

Photo: GW Pharma

Anaesthesia consultant Dr Jonathan Berman said: "Central neuropathic pains are very difficult to treat and there are few effective treatment options available. These interim data indicate that Sativex may have long-term benefits for patients living with these debilitating injuries. This finding will need to be supported by further research, however, given limited treatment options, this is encouraging news for patients and healthcare patients alike."

Sativex is currently undergoing review for marketing authorisation by the Medicines and Healthcare Products Regulatory Agency.

Scriptlines

Glutafin range expanded

Glutafin gluten-free, wheat-free cake and pastry mixes and white and fibre rolls are now available on prescription and are listed in the *Drug Tariff*.

The rolls come in packs of four and are rich in calcium. They can be refreshed in the microwave or toasted.

Trade Price: Rolls £16.56, Mixes, £92.77

Pack size: Rolls 400g, Mixes 500g
Pip code: Cake Mix 302-3397, Pastry Mix 302-3389, White Rolls 302-3413, Fibre Rolls 302-3405
Nutricia Dietary Care
Tel: 01225 711677

Generic quinapril

Generics UK and APS have launched quinapril tablets in four doses in packs of 28.The doses are 5mg, 10mg, 20mg and 40mg.

For more information:

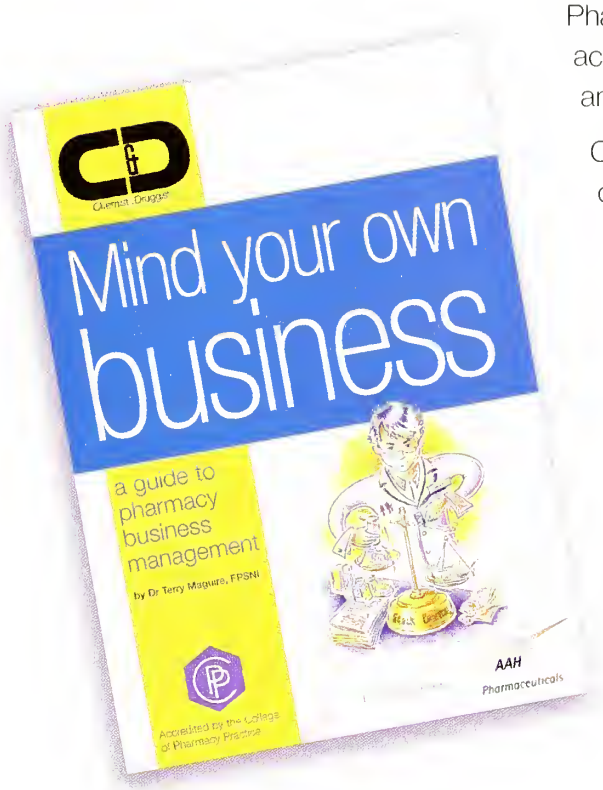
See *Price List Generics Supplement*

Supported by:

AAH Pharmaceuticals **and** VANTAGE pharmacy

Mind your own business

Mind Your Own Business is written by pharmacist Dr Terry Maguire. Ten subject areas provide anyone involved in running a pharmacy business with advice on management techniques and style.



Sponsored by AAH Pharmaceuticals and Vantage Pharmacy, *Mind Your Own Business* has been accredited by the College of Pharmacy Practice as an appropriate tool for CPD.

Copies are available at £12.99. Discounts available on bulk orders. Call 01732 377269 for details.

Mind Your Own Business **has been accredited by the College of Pharmacy Practice. Each chapter and associated questions is worth 1.5 units towards the College's CE requirement.**

Register for 15 hours of continuing education credits

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armacists who wish to purchase their own copy of *Mind Your Own Business* and/or register the telephone marking service, and who require a proof of learning should complete the rm below and send it with a cheque (made payable to CMP Information Ltd) to Mary ebble, Pharmacy Projects, CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. ternatively, payment can be made by credit card by phoning 01732 377269. To use the lephone marking service you will need access to a touch tone telephone. Calls are charged standard national rates. Phone lines will remain open until September 30, 2005.

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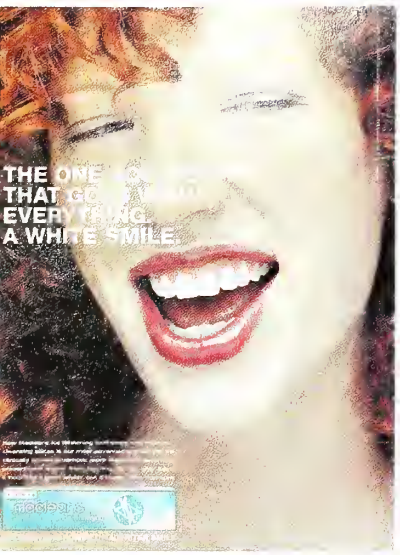
Mary Prebble, Pharmacy Projects, CMP Information Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.



Power of a whiter smile

GlaxoSmithKline Consumer Healthcare is supporting Macleans with a new whitening orientated press campaign. The advertising is designed to reinforce the brand's positioning as an essential part of a health and beauty regime.

Focusing on the improved Macleans Pristine Ice Whitening toothpaste, the advertisements invite consumers to 'Discover the power of a whiter smile'.

The campaign will run from the end of April until late July and is part of a £2.4 million spend.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Alu-Cap update

3M Health Care, in conjunction with the Department of Health, has extended the planned date of discontinuation of Alu-Cap Capsules (aluminium hydroxide) from May 31 to December 31, 2004.

For more information:

3M Health Care Ltd
Tel: 01[illegible]3265

Something fresh to chew on from Nicorette

Pfizer Consumer Healthcare is launching a coated mint flavoured gum into its Nicorette nicotine replacement therapy range.

Nicorette Freshmint Gum has an improved, fresher flavour than the existing Nicorette mint gum.

Pfizer says that taste can influence compliance and potentially the overall quit attempt success. According to the company, taste tests found that the new flavour lasted longer than other selected gum brands and testers were more likely to use seven or more pieces per day (more than the other gums tested).

To get the maximum possible nicotine replacement benefit from the gum, users should use the 'chew-park-chew' technique – chew the gum until the flavour is strong and then 'park' it between the cheek and gum until the taste fades, then repeat until there is no flavour left.

The launch will be supported by a £6.5 million marketing campaign including national TV advertising starting in July, a poster campaign and new pharmacy point of sale material.

Pfizer is phasing out the existing 15 and 30 sizes of Nicorette mint gum 2mg and 4mg but is retaining the 105 size. The citrus flavour is being phased out completely.

Price: 2mg (30) £5.69, 2mg (105) £15.59, 4mg (30) £6.99, 4mg (105) £18.99

Pfizer Consumer Healthcare
Tel: 01304 616161

Scholl steps into spring with fresh image

SSL International is starting the first phase of a relaunch for its Scholl range this month.

The footcare range is being simplified with a reduction in the number of products where there is any duplication.

Consistent new packaging has been designed to clearly communicate the product benefits and make it easier for consumers to navigate the range on shelf.

Products in the first phase of the repackaging include Athlete's Foot, Fresh Step and Odour, Cracked Heel Cream, Callus and Bunion, Blister and Verruca treatments.

Scholl Insoles and Flight Socks will be repackaged in September.

The relaunch will be supported by a £1 million marketing campaign including advertising in women's magazines from May and eye-catching point of sale material.

For further information

SSL International plc
Tel: 0161 654 3000

Pregnancy range grows

Unipath is extending its Clearblue ovulation and pregnancy test range with two nutritional supplements for pregnancy care.

The supplements have been developed for women who are trying to conceive, are pregnant or breast-feeding.

Clearblue Folic Acid contains the recommended daily amount of folic acid, omega-3 fatty acids from tuna oil and extract of ginger.

Clearblue Pregnancy contains folic acid, vitamins B1, B2, B3, B5, B6, B12, C, D3 and E plus zinc.

Price: folic acid £3.50, pregnancy vitamins £4.99

Pack size: 28
Pip code: folic acid 299-6411, pregnancy vitamins 299-6429
Unipath Ltd
Tel: 0800 267448

Enterprise - Trident
SPRING SPECIALS

£2.79

Clinipore™
(Permeable Non-Woven Synthetic Adhesive Tape BP)

- *Now available on Drug Tariff*
- *Where no brand is stated by the prescriber, the basic price of the tape supplied must not exceed the Clinipore™ Brand Prices.*

Clinipore™ Surgical Tape BP (DT Listed)
Pack: 1.25cm x 5m
Code: 6025217
Offer Price: £0.26
P.O.R: 26%

Pack: 2.5cm x 5m
Code: 6025191
Offer Price: £0.39
P.O.R: 34%

Pack: 5cm x 5m
Code: 6025209
Offer Price: £0.72
P.O.R: 27%

Sterile Dressing Packs

Specification No.10
Pack: 12
Code: 6025266
Offer Price: £2.79
P.O.R: 70%

Specification No.35
Pack: 12
Code: 0069773
Offer Price: £2.79
P.O.R: 69%

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Offer Period
17th April - 31st May 2004

Crepe Bandage BP

- *"When is a Crepe NOT a Crepe?"*
  - *When it is NON-BP*
  - *When it is 100% Cotton*
- *It is ONLY Crepe BP:*
  - *When it conforms to exact BP Specifications*
  - *When it contains 34% Wool / 66% Cotton mix*

Pack: 5cm x 4.5m
Code: 0389569
Offer Price: £0.49
P.O.R: 46%

Pack: 7.5cm x 4.5m
Code: 0389577
Offer Price: £0.53
P.O.R: 58%

Pack: 10cm x 4.5m
Code: 0389585
Offer Price: £0.79
P.O.R: 52%

Pack: 15cm x 4.5m
Code: 0389593
Offer Price: £1.19
P.O.R: 50%

Around the world with Kodak

Kodak will run a 'win a holiday of a lifetime' promotion to capitalise on the build-up to the 2004 Olympic Games.

Starting on May 1, the promotion will offer consumers the chance to win a 14-day round the world trip calling at four famous Olympic venues – Sydney, Los Angeles, Tokyo and Athens.

The sports theme is continued with hundreds of runner-up prizes including Kodak branded bikes and beach volley balls.

Entrants will require proof of purchase from any Kodak film or single-use camera.

A range of pre-packed promotional counter and floor standing merchandisers to support the promotion is available for retailers.

Each unit also highlights Kodak's ongoing added-value promotions 'Buy two get one free' or 'Up to 15 shots free.'

For more information:
Kodak Ltd
Tel: 01442 261122

Teether set clips on

MAM is extending its teether range with a teething ring set specifically aimed at early teething.

The MAM First Teether & Saver Set is suitable for young babies aged from three months.

The set includes a lightweight teething ring and a 'saver' designed to clip on to a baby's clothes to keep the teether clean, safe and within easy reach.

Price: £4.49
Pip code: 303-4808
MAM (UK) Ltd
Tel: 020 8943 8880

Vantage own-label additions

AAH Pharmaceuticals is extending its Vantage own-label generics range with two new products.

Vantage Sleepaid (diphenhydramine hydrochloride 50mg) tablets are formulated to help relieve temporary sleep disturbance.

Vantage 100mg/5ml Ibuprofen Oral Suspension for children is strawberry flavoured, colour-free and sugar-free.

Price: Sleepaid (20) £2.69, Ibuprofen Oral Suspension (100ml) £2.29
AAH Pharmaceuticals Ltd
Tel: 02476 432000

Inbrief

Efamol display

Efamol nutritional supplements are being supported by a £300,000 campaign including women's press advertising from September.

From April 26, new point of sale material will include consumer leaflets, leaflet holders, shelf edgers and posters.

For more information:
Efamol
Tel: 01757 633888

Chefaro to handle Wartner footcare

Chefaro has taken over the UK marketing and distribution of the Wartner footcare brand from Passion for Life Healthcare.

For more information:
Chefaro UK Ltd
Tel: 01480 421800

Travel right campaign

Thornton & Ross is launching a 'Travel right' campaign to promote Electrolade, Acriflex, Virasorb, Mycota and Dermidex during the summer holidays.

Starting in June, the campaign will include leaflets, leaflet dispensers and posters for pharmacies.

For more information:
Thornton & Ross
Tel: 01484 848200

Promotion

Brand focus

HealthAid Magnolia, Valerian, St John's Wort Complex

Sleeping Pills are addictive, dangerous if taken ad infinitum and cost the NHS hundreds of thousands of pounds, but in the search for peaceful night's sleep, some people feel they have no choice. However there are non-addictive herbal alternatives that will leave you clear headed in the morning and will work on many levels to ensure your life becomes a whole load calmer.

HealthAid **Magnolia, Valerian, St John's Wort Complex** uses Hawthorn to slow the heart rate and balance blood pressure, Viburnum as a gentle muscle relaxant, Valerian as a sedative herb, which also works to soothe the brain and calm hysteria and St John's Wort as a natural mood enhancer and is a real alternative to anti-depressants. The unique complex to calm the mind and body and help you cope with everyday stresses with ease and tranquillity. HealthAid **Magnolia, Valerian, St John's Wort Complex** is free from all common allergens and retails at £6.99 for 30 capsules. Please call 020 8426 3400 for further information or visit ***www.healthaid.co.uk***

HealthAid
VITAMINS

TV next week

Full Marks: All areas

Huggies: All areas

Lucozade Sport: All areas except U, CTV, C4, five, GMTV

Poise: All areas except GMTV, CTV

Ribena: All areas except U, C4, GMTV

Senokot: Y, C4, five, GMTV, Sat

Simple Oil Control: five

Syndol: All areas

PharmaSite for next week: Quiet Life – window, **Fluconazole** – in-store, **Brolene cool eyes** – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, Five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

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In association with Queen's University Belfast

The **Certificate in Pharmacy Management** is a distance-learning course from *Community Pharmacy* in association with Queen's University Belfast.

Are your management skills up to the job? Did your degree course teach you the business skills you need to practice effectively in primary care?

If you have identified management skills as an area of weakness that needs addressing as part of your continuing professional development, then the **Certificate in Pharmacy Management** is for you.

The Royal Pharmaceutical Society is encouraging its members to record their CPD. This course will help you address areas of competence outlined in Society's CPD Framework.

Comprising **100 hours of distance learning**, the CiPM is for pharmacists working in primary care:

- In the traditional role of a community pharmacist
- For primary care organisations
- As managers within small or large pharmacy multiples.

Part 1 – Ten distance learning modules

Part 2 – Five projects

- Missing a module? Downloads available from ***www.dotpharmacy.com***

Students may enrol on each Part of the course separately.

- To enrol on Part 1 of the **Certificate in Pharmacy Management** is £117.50 (£100 + VAT).
- To enrol on Part 2 is £235 (£200 + VAT).
- Students may enrol on Parts 1 and 2 together at a discounted price of £323.12 (£275 + VAT).

Please complete the coupon and send it with a cheque for the right amount, made out to CMP Information, to Mary Prebble, Pharmacy Projects, CMP Information Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Alternatively you may enrol over the phone using your credit or debit card. Call **Mary Prebble** on **01732 377269**

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Sponsored by

Pfizer Consumer Healthcare *training*

Dear **weblog...**

Four months on, PSNC's webloggers provide some illuminating, if slightly stomach-churning, details of life in modern community pharmacy, writes Ailsa Colquhoun

Pharmacists considering becoming supplementary prescribers would be well advised to read the weblog section of the PSNC website. For getting up close and personal with the great unwashed will be just one of the challenges you face.

As one of two webloggers currently training in this way, Northumberland LPC chairman Andrew Gray's tale of becoming a supplementary prescriber starts with something of a reality check, or more precisely, the six-inch ring binder containing the "contents of an entire rain forest" that makes up Sunderland's supplementary prescribing course. "Looking around the room I could see that several other 'mature' students were also reflecting on their decision to go back to school," says Mr Gray.

A GP surgery visit though was illuminating. "The first patient had a rare reaction to an antibiotic that I'd never heard of;" there were also some interesting medication problems. He also believes he has now discovered the secret of being a successful prescriber, which is: "To keep your mouth shut and let the patients diagnose themselves. And, if you're not sure about something get them to come back next week. It seems to work."

In true Andy Warhol style, perhaps, Yorkshire pharmacist Irene Gummerson has found a degree of fame following her involvement in the PSNC weblog. Earlier this year she was the subject of an interview in the *Health Service Journal*, the UK's leading magazine for health service managers. Her virtual diary on community pharmacy practice tracks Irene's interest in, among others, diabetes, the Medicines Management Collaborative and Brown Bag Reviews and provides some interesting insight into the realities ahead. She writes: "Pharmacists are deemed by the new Diabetes UK structure as 'not essential', ie not having an absolute right to election. I am lobbying for pharmacy at every opportunity (for at least co-option)... and I will do everything in my power to prevent a situation where we don't have a pharmacist on Diabetes UK.

Irene hopes pharmacists reading her weblog will be able to look over her shoulder at her work in pharmacy. This has recently included a local Individual Professions meeting at the April 2004 Annual Diabetes UK conference. Irene was charged with leading the pharmacy meeting with the objective to prioritise three key issues for the Diabetes UK Advisory Council executive to take forward. As well as Diabetes UK promoting pharmacist involvement in holistic medication reviews in those with diabetes, she flags up medicines management as a topic worthy of promotion to trainers of the multidisciplinary diabetes team as well as pharmacists' potential supplementary prescribing role.

And summarising her experiences with the Medicines Management Collaborative (MMC), she says: "I've found the MMC is what you make it. If you let it, it can kick-start a lot of joint working, and the breaking down of inter-professional barriers – hopefully helping pharmacists prepare for the new contract."

PSNC intends the weblog to become a central resource for the sharing of good practice and advice. Anne Spencer's weblog from Milton Keynes, for example, tracks her six-month contract with a local GP surgery to conduct medication reviews for patients of 75 years and over, and takes a realistic look at the practical problems and solutions of surveying around 700 patients receiving their medications in MDS. For those considering similar research in this area, the diary provides some useful internet links, as well as insight into the issues of sampling, collecting responses and reluctant interviewees.

The PSNC weblog has around two months to go before the focus switches to an international weblog, due to go live via the FIP international pharmacy association website in the summer. This will be joined by an international young pharmacists' weblog, for pharmacists under 35 years old and practising in any sector. Would-be webloggers are advised to contact *cps@fip.org* or *ypg@fip.org*.

Weblog co-ordinator and head of Information Services, Lindsay McClure, believes that in only four months the weblog has matured into the resource it was intended to be and says that the best weblogs have been those that have tracked a particular topic, allowing webloggers to follow a service or initiative over a period.

Anne Spencer, for one, echoes this, telling us that she thinks it is great to hear what is actually happening elsewhere, especially when this documents the PCT view. "Personally, my gain is to focus my thoughts on what I am doing and to put it all into perspective."

The pharmacists keeping weblogs are:

Andrew Gray, Northumberland
Andrew Hewitt, Wales
David Wildman, Northants
Gordon Ross, Nottingham
Kay Lodge, West Yorkshire
Anne Spencer, Milton Keynes
Michael Johnson, Oldham
Irene Gummerson, Wakefield
Ashok Soni, London
Simon Moule, Essex
www.psnc.org.uk

Off Patent

Carvedilol

No one makes more generic tablets in the UK than Alpharma. The latest, Carvedilol, is off patent in April. It is a mixed beta- and alpha-1 adrenoceptor antagonist indicated for the treatment of hypertension and angina, and as an adjunct to diuretics, digoxin or ACE inhibitors in symptomatic chronic heart failure.

Dosage Hypertension – dosage initially 12.5mg once daily, increased after two days to usual dose of 25mg. Maximum dose 50mg daily in single or divided doses.

Angina – initially 12.5mg twice daily, increased after two days to 25mg twice daily.

Adjunct in heart failure – 3.125mg twice daily with food; increased, where tolerated, in increments at two-week intervals to 6.25mg, 12.5mg to 25mg. Maximum dose 25mg in patients with severe heart failure or body weight less than 85kg and 50mg twice daily in patients over 85kg.

Contra-indications The CSM has advised that beta-blockers should not be given to patients with a history of asthma or bronchospasm. Do not used in patients with severe chronic heart failure or hepatic impairment.

Beta-blockers – clinical notes Beta-adrenoreceptor blocking drugs (beta-blockers) block receptors in the heart, peripheral vasculature, the bronchi, pancreas and liver. Many beta-blockers are available but differences between them may affect choice in treating particular conditions.

Beta-blockers are effective in hypertension although their mode of action is not fully understood and may be a combination of effects. They reduce cardiac output, and block peripheral adrenoreceptors. Some depress plasma rennin secretion, and there may be some central effects. Beta-blockers offer an alternative first line therapy to thiazide diuretics. The choice will often depend on the contraindications for the individual patient

By reducing cardiac workload, beta-blockers improve exercise tolerance and relieve symptoms in patients with mild or moderate stable angina who do not have left ventricular dysfunction. They are usually given with sublingual GTN. There is some evidence that sudden withdrawal can exacerbate the condition, so the dose should be reduced gradually. Beta-blockers should not be used with verapamil in ischaemic heart disease since there is a risk of precipitating heart failure.

Beta-blockers have a major role in the long-term management of myocardial infarction. They should be given to all patients who are not contraindicated and continued for two to three years. Beta-blockers are not suitable for patients with uncontrolled heart failure, hypotension, bradyarrythmias and obstructive airways disease.

Beta-blockers act as anti-arrhythmic drugs by attenuating sympathetic nervous conductivity in the heart. They may be used in conjunction with digoxin to control ventricular response in atrial fibrillation.

The beta-blockers bisoprolol and carvedilol are useful in stable heart failure, but treatment should be initiated at low dose by someone experienced in the management of heart failure.

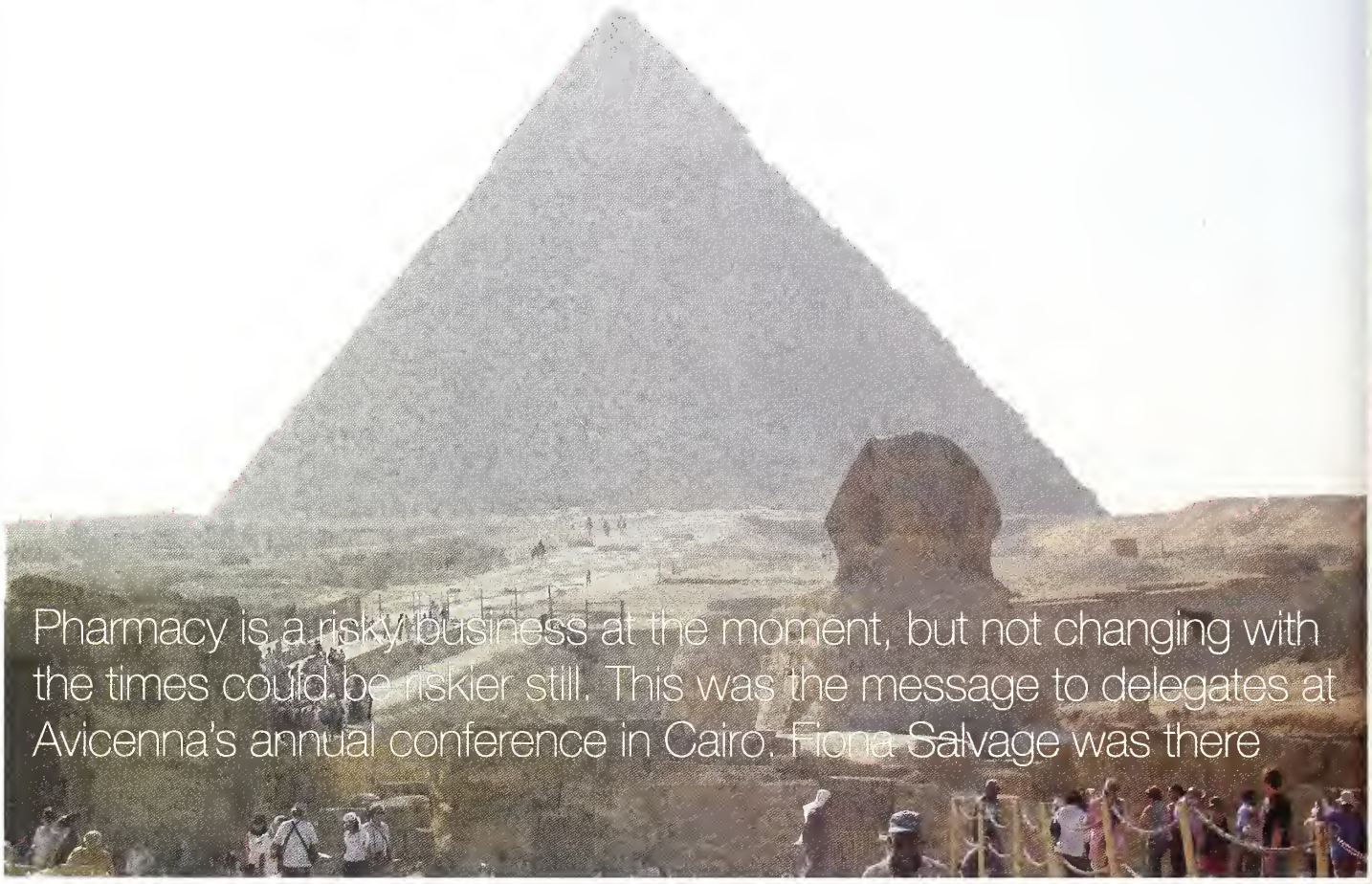
Medicine management points Some, such as oxprenolol and acebutolol, have some capacity to stimulate as well as block adrenergic receptors. They are partial agonists and consequently they cause less bradycardia and less coldness of the extremities.

Some beta-blockers are lipid soluble and some water-soluble. Among the most water-soluble are atenolol and sotolol. As such they are less likely to cross the blood brain barrier, and so cause less sleep disturbance. Since they are excreted via the kidneys, dose reduction may be needed if patients are suffering from renal impairment.

Carvedilol and labetalol are beta-blockers with an arteriolar vasodilating action, which lowers peripheral resistance. However, there is no evidence that they have important advantages over other beta-blockers in the treatment of hypertension.

Beta-blockers should be avoided in patients with a history of asthma or chronic obstructive airways disease. Other side effects include fatigue, coldness of the extremities and sleep disturbance.

Firm foundations



Pharmacy is a risky business at the moment, but not changing with the times could be riskier still. This was the message to delegates at Avicenna's annual conference in Cairo. Fiona Salvage was there

Pharmacists and their staff should be given "protected time" during the day to undertake training, the All-Party Pharmacy Group chairman told Avicenna delegates.

Dr Howard Stoate, MP for Dartford, practising GP and chairman of the All-Party Pharmacy Group, said that pharmacists and their staff, like GPs and some public sector employees, should be able to receive extra training during the normal working day at a time convenient to them. Extra funding would be required to bring in locums and temporary staff to cover absences, he admitted, but added that the long-term benefit of a fulfilled and better qualified workforce would "more than outweigh the short-term cost".

The Government needs to take more responsibility in training opportunities and investment in those who want to practise pharmacy by encouraging more funding and more training places to be available, Dr Stoate said.

In addition, pharmacists should be given a greater strategic role in managing PCTs with appointments to PCT professional executive committees being a good way of ensuring pharmacy's voice is heard at PCT board level, he suggested. Meanwhile, more LPC liaison with PCTs could "help to ensure that PCTs make the best possible use of the skills of community pharmacists," Dr Stoate said.

Pharmacy needs to raise its political profile like the BMA if it doesn't want to "miss the political boat" and miss out in the contract, Dr Stoate warned. "Get involved. Get yourselves as important as the BMA managed to. Move up a gear; move away from your local issues and go more into the national picture and make your case. You are capable of a lot more than you are actually doing. Many of you want to do more. You need the skills, the resources and the back up to do that. I think that is out there for the grabs, but it's up to you whether you get what you want.

"Pharmacists are the weak link in the healthcare profession" because they are primarily seen as business people, Dr Stoate stated. "We've still a long way to go and you are seen politically as the weak link."

● The All-Party Pharmacy Group is launching its own website in the next few weeks at *www.appg.org*, Dr Stoate announced at the Avicenna conference last week. It will contain details of meetings and areas that the group is concentrating on.

Howard Stoate – Government needs to take more responsibility

Avicenna profit nears £1.5m

Profit and turnover are continuing to increase, Avicenna delegates heard.

Avicenna executive officer Duncan Smeaton told members that turnover had increased 18.4 per cent to almost £1.5 million in 2003 and pre-tax profits had risen by 18.1 per cent to £599,000.

This adds to a steady increase in profit since 1998 for Avicenna. It translates to a three-fold increase in net profit before tax over the six years from around £200,000 to almost £599,000.

Membership of Avicenna now exceeds 300 and around 14 new members have joined since the beginning of 2004, said Mr Smeaton.

"There are more members who are likely to join in the coming months and it is something I am working on specifically," he added.

Continued on page 40 ▶

Both available as generics from APS.

Carvedilol

Quinapril

Quinapril Tablets:	5mg	Carvedilol Tablets:	3.125mg
	10mg		6.25mg
	20mg		12.5mg
	40mg		25mg

APS BERK

Freephone 0800 590502

scriber Information

VEDILOL Name of the medicinal product: Carvedilol 3.125 mg, 6.25 mg, 12.5 mg and 25 mg Tablets. Therapeutic indications: Carvedilol is cated for the treatment of hypertension and for the prophylectic treatment of stable angina. Dosage: Starting dose for treatment of rtension is 12.5 mg daily, and for stable angina 12.5 mg twice a day. Contra-indications: Carvedilol is contra-indicated in patients with ked fluid retention or overload requiring intravenous inotropic support, and in patients with obstructive airways disease, liver unction, hypersensitivity to carvedilol or any other constituents of the tablets. Other contra-indications are those to other beta-blockers e Summary of Product Characteristics. Special warnings and precautions for use: Care where patient has fluid retention, insulin-endent diabetes, deterioration in renal failure, Raynaud's phenomenon and contact lens wearers. Interactions: Carvedilol may potentiate effect of other concomitantly administered drugs that are anti-hypertensive in action, or have hypotension as part of their adverse effect ile. Patients taking an agent with beta-blocking properties and a drug that can deplete catecholemines should be observed closely for s of hypotension and severe bradycardia. Isolated cases of conduction disturbance (rarely with haemodynamic disruption) have been erved when carvedilol and diltiazem were given concomitantly. Careful monitoring of ECG and blood pressure should be undertaken n co-administering calcium channel blockers of the verapamil or diltiazem type, or class I anti-arrhythmic drugs. The effects of insulin al hypoglycaemics may be intensified. Regular monitoring of blood glucose is therefore recommended. Carvedilol may mask symptoms signs of hypoglycaemia. Trough plasma digoxin levels may be increased by approximately 16% in hypertensive patients co-administered edilol and digoxin. Increased monitoring of digoxin levels is recommended when initiating, adjusting or discontinuing carvedilol. comitant administration of carvedilol and cardiac glycosides may prolong AV conduction time. When treatment with carvedilol and idine together is to be terminated, Carvedilol should be withdrawn first, several days before gradually decreasing the dosage of idine. Care may be required in those receiving inducers of mixed function oxidases e.g. rifampicin, as serum levels of carvedilol may be ced or inhibitors of mixed function oxidases e.g. cimetidine, as serum levels may be increased. During general anaesthesia, attention uld be paid to the potential synergistic negative inotropic effects of carvedilol and anaesthetic drugs. Modest increases in mean trough osporin concentrations were observed following initiation of carvedilol treatment in 21 renal transplant patients suffering from chronic cular rejection. In about 30% of the patients, the dose of cyclosporin had to be reduced in order to maintain cyclosporin concentrations in the therapeutic range, while in the remainder no adjustment was needed. Undesirable effects: Seen in both patients with chronic t failure, hypertension and angina: Very common: dizziness, headache. Common: Hypercholesterolemia, hyperglycaemia, oglycaemia, weight increase, vision abnormalities, bradycardia, postural hypotension, diarrhoea and nausea. Uncommon: syncope, natitis, increased sweating. Marketing authorisation holder: Approved Prescription Services Ltd. Marketing Authorisation Numbers: 39/0546 (Carvedilol 3.125 mg Tablets), 00289/0547 (Carvedilol 6.25 mg Tablets), 00289/0548 (Carvedilol 12.5 mg Tablets), 00289/0549 rvedilol 25 mg Tablets). Legal Classification: Prescription Only Medicine (POM). Price: Carvedilol 3.125 mg Tablets in packs of 28 = £7.73, vedilol 6.25 mg Tablets in packs of 28 = £8.59, Carvedilol 12.5 mg Tablets in packs of 28 = £9.55, Carvedilol 25 mg Tablets in packs of 28 11.93. Date of Preparation: March 2004. Please also refer to Summary of Product Characteristics.

NAPRIL Name of the medicinal product: Quinapril 5 mg, 10 mg, 20 mg and 40 mg Tablets. Therapeutic indications: For the treatment of ertension and congestive heart failure. Dosage: The recommended initial dosage is 10 mg once daily in uncomplicated hypertension, ted to a maintenance dosage of 20 to 40 mg/day. In congestive heart failure a single 2.5 mg initial dosage is recommended, titrated to an effective dose (up to 40 mg/day) with concomitant diuretic and/or cardiac glycoside therapy. In the treatment of severe or unstable congestive heart failure, quinapril should always be initiated in hospital. In elderly patients and in patients with a creatinine clearance of less than 40 ml/min, an initial dosage in essential hypertension of 2.5 mg is recommended. Contra-indications: Quinapril Tablet is contraindicated in patients with hypersensitivity to any of the ingredients, throughout pregnancy and in nursing mothers. In patients with a history of angioedema related to previous treatment with ACE inhibitors and in patients with hereditary/idiopathic angioneurotic oedema. Special warnings and precautions for use: Quinapril should not be used in patients with aortic stenosis or outflow obstruction. Patients haemodialysed using high-flux polyacrylonitrile ('AN69') membranes are highly likely to experience anaphylactoid reactions if they are treated with ACE inhibitors. In patients with renal insufficiency monitoring of renal function during therapy should be performed as deemed appropriate. Changes in renal function may occur. Some patients with hypertension or heart failure with no apparent pre-existing renal vascular disease have developed increases (> 1.25 times the upper limit of normal) in blood urea and serum creatinine. Angioedema has been reported in patients treated with angiotensin-converting enzyme inhibitors. If laryngeal stridor or angioedema of the face, tongue, or glottis occur, treatment should be discontinued immediately. ACE inhibitors have been rarely associated with agranulocytosis and bone marrow depression in patients with uncomplicated hypertension. As with other ACE inhibitors, monitoring of white blood cell counts in patients with collagen vascular disease and/or renal diseases should be considered. Interactions: Quinapril may reduce the absorption of tetracycline in concomitant administration by 28-37%. Patients treated with diuretics may occasionally experience an excessive reduction of blood pressure after initiation of therapy with quinapril. As with other ACE inhibitors, patients on quinapril alone may have increased serum potassium levels. When administered concomitantly, quinapril may reduce the hypokalaemia induced by thiazide diuretics. Non-steroidal anti-inflammatory agents may reduce the antihypertensive effect of ACE inhibitors. Concomitant administration of ACE inhibitors with allopurinol, cytostetic and immunosuppressive agents, systemic corticosteroids or procainamide, may lead to an increased risk of leucopenia. Potentiation of orthostatic hypotension may occur if alcohol, barbiturates or narcotics are taken. There may be an additive effect or potentiation with other antihypertensive drugs. Antacids may decrease the bioavailability of quinapril. Dosage adjustments of antidiabetic drugs may be required. Undesirable effects: The most frequent clinical adverse reactions in hypertension and congestive heart failure are headache, dizziness, rhinitis, coughing, upper respiratory tract infection, fatigue, and nausea and vomiting. Other less frequent side effects are dyspepsia, myalgia, chest pain, abdominal pain, diarrhoea, back pain, sinusitis, insomnia, paraesthesia, nervousness, asthenia, pharyngitis, hypotension, palpitations, flatulence, depression, pruritus, rash, impotence, oedema, arthralgia, amblyopia. Other side effects associated with ACE Inhibitor therapy have also occurred. Marketing authorisation holder: Approved Prescription Sevices Ltd. Marketing Authorisation Numbers: 00289/0462 (Quinapril 5 mg Tablets), 00289/0463 (Quinapril 10 mg Tablets), 00289/0464 (Quinapril 20 mg Tablets), 00289/0465 (Quinapril 40 mg Tablets). Legal Classification: Prescription Only Medicine (POM) Price: Quinapril 5 mg Tablets in packs of 28 = £8.17, Quinapril 10 mg Tablets in packs of 28 = £8.17, Quinapril 20 mg Tablets in packs of 28 = £10.25, Quinapril 40 mg Tablets in packs of 28 = £9.26. Date of Preparation: April 2004. For full information please refer to the Summary of Product Characteristics, available from APS Medical Information Unit.

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UniChem Portfolio will launch mid-summer

An information campaign regarding UniChem's new customer package, Portfolio, is expected to launch in mid-summer, before the pharmacy contract, Avicenna delegates heard.

Portfolio will help pro-active pharmacists to "leap ahead and get a disproportionate share of the wealth" when the new contract comes into force, announced UniChem sales and customer development head Arthur Daines.

Avicenna members will automatically join Portfolio at the second tier, giving them access to all the free services and other services up to the value of £25. Avicenna ACE club members will be eligible to join Portfolio at a higher tier.

Portfolio will offer free access to a full SOP manual when it is launched by Pharmacy Consulting Boards and pharmacists will be able to download electronic copies and alter and amend them to their own requirements, advised Mr Daines.

One key selling technique used by the multiples should be considered by independent community pharmacists, said Mr Daines: linked selling. Offering existing customers other products to help them control their symptoms is something counter assistants need to be trained in if pharmacy owners are to increase their sales from existing customers, he explained.

Although Portfolio is superceding Pharmacy Alliance, the existing team has been released to engage with primary care organisations to secure funding for pharmacy services such as smoking cessation. Customers and non-customers are then eligible to apply for the funding, but UniChem customers will get additional support for running the services.

"Supermarkets are not ready or geared up for the pharmacy contract," Mr Daines claimed.

"The new contract is the best helpmate that community pharmacy has had against the supermarkets," he added. "This is a tremendous opportunity."

Arthur Daines: supermarkets are not ready

Floatation still on the cards

Avicenna will floate on the stock market when it's ready, said the company's non-executive director.

David Gration told Avicenna members that the buying group was talking to two companies "very seriously" about product acquisitions, but was unlikely to make a move in the coming weeks. Any products acquired would be sold through Galen Consumer Care, Avicenna's wholly owned subsidiary. Chairman Salim Jetha explained that Avicenna was primarily interested in acquiring OTC products; however, it would consider OTC products with a *Drug Tariff* listing or even an ethical product, but would definitely not be interested in purchasing generic products.

A merger would take place when the company is in a position to raise funds to facilitate a floatation; the company would need to be valued between £10 and £20 million, Mr Gration advised. The company's current value is £7- £8m.

Avicenna open to AAH

Pharmacists who use AAH wholesalers will now be eligible to join the Avicenna buying group through a new deal brokered between the two companies.

Previously membership of the company was only available to pharmacists who used, or would switch to, UniChem; however, AAH is now one of Avicenna's mainline wholesalers, announced Avicenna chairman Salim Jetha at last week's conference in Cairo. "This would enable the company to widen its scope and attract new members," he added.

A need to grow the company in terms of shareholder base of a wider range of independents and retain momentum influenced the decision to include AAH, said Mr Jetha.

Although the merger between Avicenna and the Pharmaco buying group did not succeed last year, Mr Jetha indicated that the company was now focusing on purchasing a pharmaceutical company and owning product licences. One aquisition had been unsuccessful, he said, hinting that the company in question was well known.

As the company has expanded, a position of financial controller has been created and Mr Jetha told shareholders that candidates had been shortlisted and the appointment would be announced soon. The holder of the initially part-time role will be concentrating on finding a merger or acquisition deal in the near future, explained Mr Jetha; the holder will be someone with substantial business acumen and could become a director, he said.

Alnoor Thobhani: ACE club benefits

● Avicenna ACE club members are to have two enhancements to their existing benefits package, announced sales and marketing director Alnoor Thobhani. The level of benefits received will reflect the member's commitment to Avicenna's preferred partners.

Pharmacists need to manage risk to succeed, says NPA chairman

Risk management adds years to business life and life to business years," the National Pharmaceutical Association chairman told delegates of the Avicenna conference.

Pharmacists should be carrying out risk assessments for their businesses and themselves to protect against the changes associated with the pharmacy contract, the OFT report and supplementary prescribing, Hemant Patel warned Avicenna members.

Risks in community pharmacy come from a variety of sources and pharmacists are mostly under-prepared to deal with them, Mr Patel said in Cairo last week. But the risk can come from within too, he explained and advised delegates that they should be taking care of their own health and fitness as well as their patients'.

Standing still and not developing the new additional services as outlined in the contract could be riskier than taking the leap into medicines management and other services, he cautioned; he prompted pharmacists to be proactive and investigate the risks of these services well in advance of the pharmacy contract's launch.

Pharmacists should engage with their LPC, their PCT and their MP to establish a voice and a relationship which will open doors for funding and other opportunities, he said. "I think a lot of people are avoiding certain types of risks because the risks are difficult to assess and measure. £2.5 million is available for smoking cessation services but getting pharmacists involved is like pushing a fat elephant up a steep hill," Mr Patel remarked.

He added that he was in the process of negotiating creating 300 technicians' jobs and 400 counter assistant jobs.

Hemant Patel: pharmacists are mostly under-prepared to cope with the risks community pharmacy can raise

Use SMS to remind patients to order repeat prescriptions

Future IT systems could send text messages to patients who have forgotten to order repeat prescriptions, amongst other innovations, Avicenna conference delegates heard last week.

The Nexphase system from Enigma Health could be used to remind patients by text message (SMS) that their repeat prescriptions are due, Farid Poonja suggested.

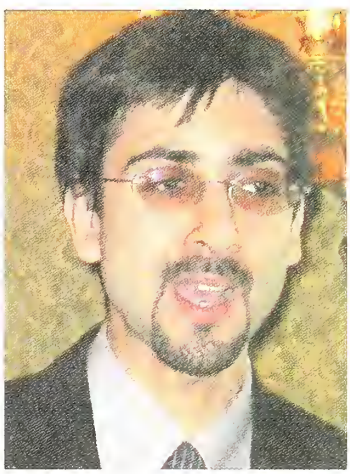
Another online service called *www.scriptserve.co.uk* will allow patients to order repeats, send messages to their pharmacist and search for relevant health information.

Patients will be able to see that their repeat prescription items are in stock and when they are ready to collect.

The *www.scriptserve.co.uk* service is used in the electronic transfer of prescriptions pilot. It is available to Nexphase users and 60 patients are involved in a trial of the website. Pharmacists do not need internet access for patients to send information to them via the scriptserve website.

● Pharmacists who use Nexphase and dispense to lots of patients using MDS will be able to benefit from the package Enigma Health is developing: an MDS model software to add on to Nexphase.

For more information:
www.enigmahealth.co.uk



Farid Poonja: suggestions on using IT systems

Contract may find middle ground

It appears a "middle ground may be found" on the OFT report and the contract, suggested UniChem's managing director.

But it's "not too late to influence" the outcomes and there are "plenty of opportunities" said David Coles.

Pharmacists need to make sure customers are aware of the services available to them and those that set them apart from the supermarket pharmacies.

Lobbying MPs and becoming involved at a local level will help pharmacists influence the external effects on their business and offer control over income, he advised.

Outsourcing and the law

Legal expert David Reissner discusses the issues regarding outsourcing, 'warehouse' pharmacy, and automation

The past year has seen increasing interest in the outsourcing of pharmaceutical services. Outsourcing usually takes the form of arrangements for aspects of services being carried out at alternative location to the principal pharmacy premises. The alternative location might be a warehouse or a community pharmacy with or without an NHS contract. The alternative premises may not be owned by the owner of the principal pharmacy, but by a sub-contractor.

The reasons for outsourcing include the need for more spacious premises and/or economies of scale. Warehouse premises may allow the greater use of automation.

In some cases, the owner of a pharmacy with an NHS contract needs more space to carry out dispensing in monitored dosage systems for patients in residential or nursing homes. Alternatively, the pharmacy owner may need additional space for wholesale supplies made to hospitals and clinics.

Licensing

The first issue to be considered is whether the supplies to be made from the alternative premises are wholesale or retail.

The Medicines Act defines a wholesale transaction as one where the person to whom a medicine is sold intends to sell it or supply it on, advertising it for sale. In other words, the recipient is not the end user. A retail transaction will be a retail one where the medicine has been prescribed for an individual patient.

If the alternative premises are not registered as a pharmacy, then the owner will need a Wholesale Dealers Licence from the Medicines and Healthcare products Regulatory Agency in order to make any wholesale supplies. If the alternative premises are not registered as a pharmacy, the owner will also need an Assembly Licence for moving medicines from one container to another; even attaching a label is defined in the Medicines Act as "assembly".

The licensing requirements may be avoidable if the alternative premises are registered as a pharmacy, provided certain conditions are met. These are:

- the presence of a pharmacist in personal control
- the pharmacist must supervise
- wholesale supplies must be no more than an inconsiderable part of the business at the alternative premises.

The Medicines Act does not say what will constitute "no more than an inconsiderable part" and no case has come before the courts. The Royal Pharmaceutical Society's advice is that 5 per cent of total medicines trade would probably enable a pharmacy to take advantage of the exemption from the need for a Wholesale Dealer's Licence (but not an Assembly Licence). The Society does not suggest a higher proportion of wholesale transactions would involve the need for a licence, and there is considerable room for argument about the legal limit.

The NHS

If the principal pharmacy has an NHS contract, but the alternative premises do not, the contract holder will need to make sure that prescribed medicines are supplied from the premises in a pharmaceutical list rather than direct from alternative premises that do not have a contract.

The NHS remuneration system is tied to supplies being made from listed premises, and supplying from elsewhere could invite the attention of the NHS Counter Fraud and Security Management Service. The question of what is legally meant by "supply" is currently awaiting a decision of the courts.

Supervision and personal control

If the alternative premises are not registered as a pharmacy, there will be no need for a pharmacist to be there. If they are, then the presence of a pharmacist will be required in order to satisfy the need for personal control and the supervision of the supply of any prescribed items.

In *A Vision for Pharmacy*, the Government has indicated that it favours abolishing the current legal requirements for supervision and personal control. Pharmacists would no longer be tied to premises, but free to carry out new roles, relying more on technicians. However, until parliamentary time can be found to change the Medicines Act, the requirements of personal control and supervision remain in place, and the Royal Pharmaceutical Society has a statutory duty to enforce them, even though enforcement seems to have been half-hearted in recent years.

There are no straightforward answers to the questions: "What is supervision?" and "Where should supervision be carried out?" In a conventional pharmacy setting, the courts have held that a pharmacist must know what is being supplied and be in a position to prevent an inappropriate supply. In the case of a pharmacy with an NHS contract, this means that supervision must be carried out at the premises in the PCT's pharmaceutical list, not at alternative premises.

Must a pharmacist examine every compartment of every monitored dosage tray filled at the alternative premises? Perhaps the answer is that all the trays must be available for the pharmacist to examine, but that a random audit would suffice in most instances to meet the requirement for supervision.

Liability

If a dispensing error is made at alternative premises, and a patient is injured, primary liability will rest with the owner of the pharmacy in direct contact with the patient.

As far as patients are concerned, the owner of a pharmacy cannot rely on a defence that an error was made by a sub-contractor at alternative premises. However, the owner of the principal pharmacy may be able to demand an indemnity or a contribution to any compensation from a sub-contractor.

Automation may reduce but not eliminate errors. Robots cannot be sued, so any claim arising from an automation error would probably be made against the owner of the principal pharmacy where, after all, there was a duty to supervise the supply. The position is not likely to change if the requirement for supervision is abolished. When proposing abolition, the health minister said: "A pharmacist has professional and legal responsibility for everything that goes on in the pharmacy – whether as a pharmacy superintendent, manager, owner or Trust Chief Pharmacist. This will continue."

Professional indemnity cover will remain essential for the providers of pharmaceutical services, but they will need to check that existing cover extends to any alternative premises, especially if those premises are not registered as a pharmacy, or if the business there has a significant wholesale element.

Pharmacy owners have no choice in these changing times but to adapt their services and their arrangements, in order to remain competitive. However, pharmacy is likely to remain a highly regulated profession, because of the nature of the products supplied, and any adaptations will need to comply with the current law.

David Reissner is a partner at Charles Russell Solicitors

European round-up

Jörn Runge looks at some of the stories hitting the headlines on the Continent

Campaign benefits for French pharmacy

In common with the rest of Europe, France is facing economic problems and rising costs for social spending like medical care. No wonder the French generics manufacturers' association GroupeGEMME (Générique Même Médicament) pleased the government when it ran a campaign to promote generic products as an alternative to original medicines.

GEMME, representing 11 pharmaceutical groups, delivered 35,000 posters and seven million brochures for distribution to the public via 22,697 French pharmacies to promote the message: "Copies of original medicines are 30–40 per cent cheaper."

In a way it could also be seen as a declaration of war on the French government, following the political decision in September 2003 to cut the cost of branded medicines to prevent these products being on the market for a long time when there are generic alternatives. Since then patients have had to pay the price differences for branded medicines on their own because the national health insurance Sécurité Sociale will only compensate for the cost of a generic product.

Pharmacies have been allowed to substitute brand medicines with generic drugs since 1999. To make a substitution lucrative the government established a profit margin of 2.5 per cent for original medicines and 10.47 per cent for generic products. As a result, the producers of generic drugs rent windows in pharmacies for advertising or try to make special deals with pharmacists.

Since September 2003 sales of generic products have risen by 41 per cent (volume) and by 36 per cent (value). This has meant the French market for generics exploded from €150 million in 1999 to €2 billion in 2003.

Meanwhile the branded pharmaceutical industry decided to fight fire with fire and announced they would sell their original medicines at the same prices as the generic equivalents.

It's not clear if this competition in the pharmaceutical market will improve the fortunes of pharmacists. But with a yearly turnover of €1 million per pharmacy and a profit margin of 26.1 per cent, French pharmacists are still in a healthy position.

OTC sales slump

One of the main articles of the German health reform introduced at the beginning of the year included the end of price maintenance within OTC products.

Pharmacists saw an opportunity to set their own prices and benefit from sales promotions. Although they expected lower price levels than 2003 they hoped for bigger sales volumes, partly because of an increased interest in self-medication. Furthermore, they were hoping physicians would increase the amount of OTC prescribing – doctors' prescriptions accounted for 28 per cent of OTC medicines supplied between October 2002 and September 2003.

Unfortunately the new law requires physicians to issue a statement explaining their reasons for prescribing an OTC product instead of an ethical drug. True to the motto

If you don't do anything you can't make a mistake', GPs avoided over the counter medicines. The effect has been disastrous: in January this year they prescribed 70 per cent fewer OTC products than a year before. At the same time pharmacists experienced a rise in self-medication sales of only 4 per cent.

While pharmacists are disappointed, the pharmaceutical industry has attacked physicians openly because of their "boycott". In a press statement, the health department complained about the doctors' reservations, arguing that there was no reason to stop prescribing OTC medicines. But it is widely acknowledged that behind closed doors it was the government which said that the health reforms could save €1 billion in the prescribed OTC sector.

Acknowledging some antipathy, the government has developed a list of reimbursable OTC products which should have removed the uncertainties by April 1. But the pharmacy industry is not convinced. The list is only a recommendation and nobody knows how it will change or when. On top of this, GPs will still have to document their OTC prescribing.

Instead of hoping for help, the Federal Union of Germany Association of Pharmacists, the German Pharmaceutical Industry Association and GPs have created a 'green prescription' (Grünes Rezept) which physicians will use for OTC medicines. All parties hope the 'green prescription' should improve the acceptance for over the counter products and boost the value of the GP's recommendation. But several pharmacists have already announced their doubts about the document which looks like a prescription. In contrast to the original red document, patients have to pay the whole price for the medicine and will realise that the 'green prescription' isn't worth the paper it is printed on.

Cannabis on prescription?

It seems that patients in Holland will be able to get cannabis from pharmacies in the future instead of buying it from coffee shops around the corner.

The decision came from the government in The Hague after a suggestion by health minister Els Borst. A physician, Ms Borst pointed out that patients suffering from multiple sclerosis, AIDS or cancer claim to have benefited – less pain, less sickness from chemotherapy and less stiffness with MS. There is no scientific evidence yet, said the minister, but there are cases where cannabis has been sold on prescription already, although still formally illegal.

Before cannabis will pass legally over the dispensary bench, rather than 'illegally' under the coffee shop counter, the government has to enact laws and regulations regarding production and distribution of hashish with pharmaceutical quality. Furthermore, The Hague will consult the International Narcotics Control Board. The medical use of cannabis is already permitted in Canada and 19 states of the USA.

Jörn Runge is based in Berlin

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Potato & Leek	16963	264-7857	618512	BUI 21U
Tomato	16960	264-7865	618849	BUI 34M
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* Papulation data mid 1995, ONS **Malnutritian in the UK: Bapen Parliamentary Briefing 1999

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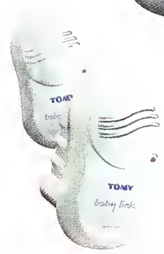

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Chemist & Druggist's web site – *www.dotpharmacy.co.uk* – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – *pharmlaw@cmpinformation.com* – along with their full name and the name of their pharmacy. The latter two details are for *C&D*'s records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

Population data mid 1995 ONS ** Malnutrition in the UK: Bapen Parliamentary Briefing 1999

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Charity abseilers raise £900

Visitors to Swansea city centre last month may have been surprised to see four people suspended from ropes if they'd glanced up at the 130-foot tall Princess House building. But the four pharmacy workers were not just enjoying the panoramic views across the bay – they were raising nearly £900 for charity.

Trainee dispenser Lynne Jones, shop manager Margaret Hughes, shop assistant Judith Sanders and delivery driver Hedley Williams work at Alexandra Road Pharmacy in Gorseinon, and raised £880 for Cancer Research UK by doing the abseil in March.

Ms Jones said: "So many lovely people who have cancer come in the shop, and we wanted to do something for them. And even though we were petrified at the time, we are very proud of ourselves for having done it, especially as Margaret is scared of heights and I have vertigo."

The British Heart Foundation has presented the Howard & Palmer pharmacy chain with a certificate of appreciation for its ongoing support of the charity. The South Wales based company has donated nearly £5,000 to the charity since December 2002. A Christmas raffle raised nearly £2,000, and the rest of the money was donated by customers and staff at the multiple's 39 branches. BHF Wales campaigns and events executive Andrew Jones (pictured right) presented the certificate to Howard & Palmer commercial manager Russell Greenslade, who said: "Supporting the BHF underlines our commitment as a company to make people aware of health-related issues within the communities we operate in. We look forward to supporting the charity in the future"

Insulin plaster next diabetes innovation?

A company has received a £120,000 grant to speed up the development of an insulin-containing plaster. Starbridge Systems said that the money will enable it to develop a prototype of the device that could be in use within the next five years.

The plaster contains a tiny pump that infuses insulin into the body over three days. The device offers advantages over current insulin pumps that deliver the drug through a catheter into the skin, as there is no tubing to become blocked or tangled. Starbridge Systems' chief executive Joseph Cefai said: "The pump will be small, cheap, effective and simple to use, and allow patients to accurately control their insulin doses."

The National Endowment for Science, Technology and the Arts, which aims to nurture UK creativity and innovation, has awarded the money to the Swansea-based company. NESTA invention and innovation director Mark White said: "This invention has the potential to change people's lives."

Science heralds the wonder of walnuts

In the seemingly unending quest for the latest "miracle food", scientists have claimed that walnuts can increase cardiac health.

The cholesterol-lowering abilities of nuts have been known for some time, but now Spanish researchers have said people who eat walnuts every day not only experience an improvement in the elasticity of the arteries, but also a drop in cell adhesion molecules, which can accumulate and clog up blood vessels.

What makes walnuts so special? Apparently it's because they contain alpha-linolenic acid, as well as being high in antioxidants.

The good news is that the [illegible] have said you don't need [illegible] of them to feel the be[illegible]

[illegible] Heart [illegible] *Circulation* that pub[illegible]dy, the researche[illegible] it was four whole [illegible] day should do the trick.

Entries for Quit awards wanted

The search is on for this year's Smoking Cessation Supporter of the Year. The award is open to pharmacists and other health professionals, and recognises individuals or teams who have made an impact on their local smoking cessation services.

The award will run alongside the Quitter of the Year award, and both are sponsored by the charity QUIT and the NRT brand Nicotinell. Last year's Supporter award winner was Nilesh Shah of Bell Pharmacy, Princes Risborough, Buckinghamshire, who has had to train more members of staff to cope with the increased demand for his service.

Application forms can be obtained by calling Quitline on 0800 002200 or by logging onto *www.quit.org.uk*. The closing date for entries is June 11. The winner will receive a bespoke QUIT training package to enhance their service.

DrugInfoZone director's award

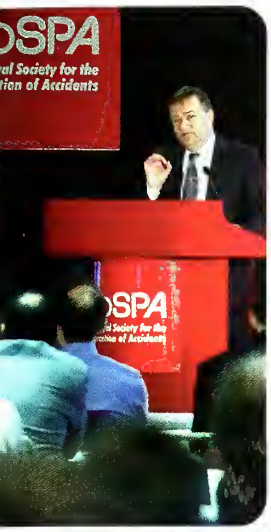
The College of Pharmacy Practice has announced that David Erskine, acting director of South Thames regional medicines information centre, has won the 2003 Schering Award. Mr Erskine has been recognised for his work on the development and implementation of DrugInfoZone, an information resource for pharmacists and health professionals. Mr Erskine will receive his award at a ceremony to be held later this year.

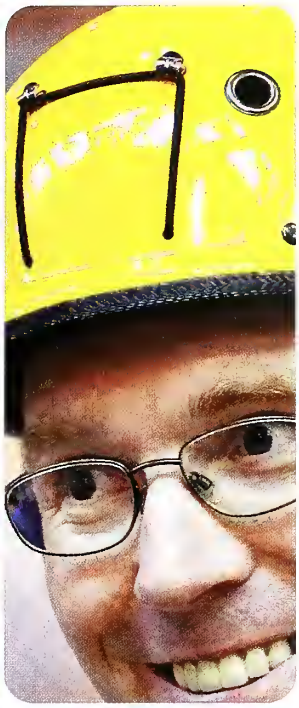
'Delhi belly' soon to be history?

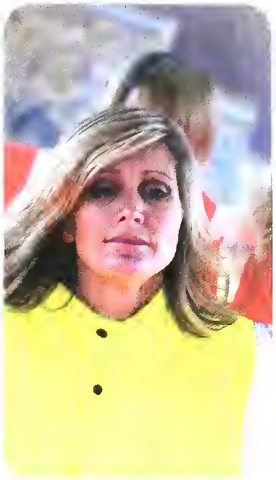
Ask anyone what they dread most when going on an exotic holiday, and chances are they'll say stomach upsets. But the news of a vaccine against travellers' diarrhoea may soon make holiday tummy troubles a thing of the past.

Scientists have developed an oral vaccine called Dukoral to be drunk in two doses at least a week before departure. This provides up to three months' protection against *E coli*, the most common cause of travellers' diarrhoea, and confers some protection against cholera, say Chiron Corporation, which has developed the product. The vaccine is already licensed in many countries, including Canada and New Zealand and may be available in the UK within a year.

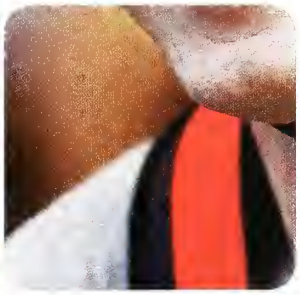
Population data mid 1995: ONS [illegible] Malnutrition in the UK. Bapen Parliamentary Briefing 1999

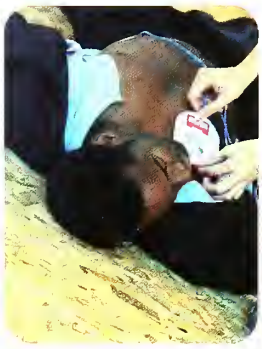






For the latest news visit the website





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